

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 22 JANUARY 2019

TIME: 5:30 pm

PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Cleaver (Chair)

Councillor Joshi (Vice-Chair)

Councillors Aldred, Chaplin, Osman, Thalukdar and Unsworth

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

For Monitoring Officer

Officer contacts:

Angie Smith (Democratic Support Officer),

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Further information

If you have any queries about any of the above or the business to be discussed, please contact:

Angie Smith, Democratic Support Officer on 0116 454 6354. Alternatively, email angie.smith@leicester.gov.uk, or call in at City Hall.

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PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 4 December 2018 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. GENERAL FUND REVENUE BUDGET 2019/20 TO 2021/22 [Appendix A](#)

The Director of Finance submits a report setting out the City Mayor's proposed budget for 2019/20 to 2021/22.

The Adult Social Care Scrutiny Commission is recommended to pass any comments to the Overview Select Committee as part of its consideration of the report before it is presented to the Council meeting on 20 February 2019.

7. LEARNING AND DEVELOPMENT [Appendix B](#)

The Learning and Development Manager will deliver a presentation for noting

to the Adult Social Care Scrutiny Commission on Learning and Development in Adult Social Care.

8. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT QUARTER 2 - 2018/19 [Appendix C](#)

The Strategic Director for Social Care and Education submits a report to the Adult Social Care Scrutiny Commission which brings together information on various dimensions of adult social care performances for the second quarter of 2018/19. The Commission is recommended to note the areas of positive achievement and areas for improvement as highlighted in the report.

9. DRAFT JOINT HEALTH AND SOCIAL CARE LEARNING AND DISABILITY STRATEGY AND CONSULTATION ARRANGEMENTS [Appendix D](#)

The Strategic Director for Social Care and Education submits a report to the Adult Social Care Scrutiny Commission with a draft copy of the Joint Health and Social Care Disability Strategy, which seeks comment / feedback on the draft strategy and consultation materials. The Commission is recommended to note the draft strategy and to provide comment / feedback on both the draft strategy and consultation materials.

10. ASCOF BENCHMARKING 2017/18 [Appendix F](#)

The Strategic Director for Social Care and Education submits a report to the Adult Social Care Scrutiny Commission which presents the full picture of the performance for the Adult Social Care Outcome Framework in 2017/18. The Commission is recommended to note the areas of positive achievement and areas for improvement as highlighted in the report.

11. ADULT SOCIAL CARE USER SURVEY 2017/18 [Appendix F](#)

The Strategic Director for Social Care and Education submits a report to the Adult Social Care Scrutiny Commission which brings together key findings from the national survey of Adult Social Care service users carried out in 2017/18. The Commission is recommended to note the areas of positive achievement and areas for improvement as highlighted in the report.

12. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME [Appendix G](#)

The current work programme for the Commission is attached. The Commission is asked to consider this and make comments and/or amendments as it considers necessary.

13. ANY OTHER URGENT BUSINESS



Council

Date: Draft for 20th February 2019

General Fund Revenue Budget 2019/20 to 2021/22

Report of the Director of Finance

1. Purpose

- 1.1 The purpose of this report is to ask the Council to consider the City Mayor's proposed budget for 2019/20 to 2021/22.
- 1.2 The proposed budget is described in this report, subject to any amendments the City Mayor may wish to recommend when he makes a firm proposal to the Council.
- 1.3 This draft budget has been prepared in advance of the finance settlement for 2019/20 (which has been delayed, and is now expected in mid-December), and the final report will be updated to reflect any new information received.

2. Summary

- 2.1 The Council is enduring the most severe period of spending cuts we have ever experienced. The budget for this year is made more difficult because we do not know the extent of cuts required beyond 2019/20.
- 2.2 As a consequence of these cuts, the Council's budget (on a like for like basis) has fallen from £358m in 2010/11 to £291m in 2019/20. Despite this, spending on social care is demand led, and numbers of older people requiring care and looked after children have increased over this period. As a consequence, spending on all other services will fall from £192m to an estimated £99m, a cut of 60% in real terms.
- 2.3 We know from reports of the Institute of Fiscal Studies and our own analysis that government cuts have disproportionately hit the most deprived authorities (such as Leicester).
- 2.4 Since 2014/15, the Council's approach to achieving these substantial budget reductions has been based on the following approach:-

- (a) An in-depth review of discrete service areas (the “Spending Review Programme”);
 - (b) Building up reserves, in order to “buy time” to avoid crisis cuts and to manage the Spending Review Programme effectively. We have termed this the “managed reserves strategy”.
- 2.5 The Spending Review Programme is a continuous process. When individual reviews conclude, an Executive decision is taken and the budget is reduced in-year, without waiting for the next annual budget report. Executive decisions are informed by consultation with the public (where appropriate) and the scrutiny function.
- 2.6 This approach has served us well. Budgets for the period 2013/14 to 2015/16 contributed over £40m to reserves, which have been used to support budgets since 2016/17 and postpone the maximum impact of government cuts. This has been extended by regular reviews of reserves and other one-off monies available.
- 2.7 Because of this approach, the Council has sufficient reserves available to balance the budget in 2019/20, and will have some remaining for 2020/21.
- 2.8 Funding levels beyond 2019/20 are particularly uncertain, with the move to 75% rates retention, the Government’s planned funding review and the risk of further centrally-imposed cuts to local government funding (set out in more detail in paragraphs 11.5 – 11.10). There are also significant unknowns around funding for social care services (see paragraph 7.7).
- 2.9 To mitigate these risks, further savings from the spending review process are being used to extend the managed reserves strategy beyond 2019/20. However, it seems inevitable that medium term budgets cannot be balanced without additional significant cuts.
- 2.10 As a consequence, the following approach has been adopted:-
- (a) The budget for 2019/20 has been balanced using reserves, and can be adopted as the Council’s budget for that year;
 - (b) A further round of spending reviews has commenced (“Spending Review 4”). This has allocated target savings of £20m across departments, plus amounts outstanding from earlier rounds. To date, savings totalling £5.9m have been achieved since February 2018, and built into budget forecasts (see paragraph 6.6)
- 2.11 **What this means is that, in substance, the budget proposed is a one year budget. Projections of spending and income have been made beyond 2019/20, but they are uncertain and volatile.**
- 2.12 As we get more information, and greater certainty we will need to plan for future budgets. It is likely that Spending Review 4 will be insufficient.

- 2.13 In common with other authorities nationally, we continue to face growth in social care costs, and it is not impossible that these services will consume an ever greater proportion of the budget (squeezing out the traditional services provided to the whole community). Government intentions for social care funding beyond 2019/20 are not known; a Green Paper was planned in 2018 (although it has been delayed several times, and the final publication date is unclear), but it will be some time before any reforms have an impact on our costs.
- 2.14 It should also be noted that there are some significant risks in the budget. These are described in paragraph 17, and to help mitigate these, a contingency of £1m has been included in the 2019/20 budget.
- 2.15 The budget provides for a council tax increase of 3% in 2019/20, which is the maximum available to us without a referendum.
- 2.16 In the exercise of its functions, the City Council (or City Mayor) must have due regard to the Council's duty to eliminate discrimination, to advance equality of opportunity for protected groups and to foster good relations between protected groups and others. The budget is, in effect, a snap-shot of the Council's current commitments and decisions taken during the course of 2018/19. There are no proposals for decisions on specific courses of action that could have an impact on different groups of people. Therefore, there are no proposals to carry out an equality impact assessment on the budget itself, apart from the proposed council tax increase (this is further explained in paragraph 10 and the legal implications at paragraph 21). Where required, the City Mayor has considered the equalities implications of decisions when they have been taken and will continue to do so for future spending review decisions.

3. **Recommendations**

- 3.1 Subject to any amendments recommended by the Mayor, the Council will be asked to:-
- (a) approve the budget strategy described in this report, and the formal budget resolution for 2019/20 which will be circulated separately;
 - (b) note comments received on the draft budget from scrutiny committees, trade unions and other partners (*to be added for final budget report*);
 - (c) approve the budget ceilings for each service, as shown at Appendix One to this report;
 - (d) approve the scheme of virement described in Appendix Two to this report;
 - (e) note my view that reserves will be adequate during 2019/20, and that estimates used to prepare the budget are robust;
 - (f) note the equality implications arising from the proposed tax increase, as described in paragraph 10 and Appendix Four;
 - (g) approve the capital strategy, and associated prudential indicators, described in paragraph 19 and Appendix Three;
 - (h) emphasise the need for outstanding spending reviews to be delivered on time, after appropriate scrutiny;
 - (i) agree that finance procedure rules applicable to trading organisations (4.9 to 4.14) shall be applicable only to City Catering, operational transport and highway maintenance.

4. Budget Overview

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

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

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

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

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

5. **Council Tax**

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

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

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

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

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

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

6. **Construction of the Budget**

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

- (a) The level of council tax;
- (b) The limits on the amount the City Mayor is entitled to spend on any service ("budget ceilings").

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

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

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

- (a) The starting point is last year's budget, subject to any changes made since then which are permitted by the constitution (e.g. virement);
- (b) Decisions taken by the Executive in respect of spending reviews which are now being implemented have been deducted from the ceilings;
- (c) Increases in pay costs. While the "headline" pay increase for most local government employees is 2%, the pay spine is being revised from April 2019 to ensure it is compliant with the National Living Wage. The average increase is therefore higher at around 2.4%, weighted towards areas that have a greater proportion of employees on lower pay grades.

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

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

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

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

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

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

7. How Departments will live within their Budgets

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

Adult Social Care

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

- (a) Demographic growth – an ageing population means the number of older people potentially requiring care is increasing (which has been the pattern for many years);
- (b) More people living longer, but doing so in many cases with multiple health conditions that increase the level of care and support required (not just in older people, but more prominently for adults of working age who are supported by the department);
- (c) The impact of the increasing needs of services users as their conditions deteriorate over time. This is very significant with year on year increases in care package costs of 2.5%, 3.4% and 5.3% in the three years from 2015/16 to 2017/18. The current projection for 2018/19 is 6%;
- (d) Increasing numbers of service users with mental health conditions, with increases of more than 5% in 2016/17 and 2017/18.

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

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

- (a) In 2016/17, a four-year growth package was approved by the Council. The final tranche of £2.8m is due in 2019/20;
- (b) The Government is providing additional monies through the Better Care Fund.

7.5 Additionally, the department is supporting its own budget pressures and contributing to the Council's Spending Review Programme. Measures to support

its own pressures include achieving staffing reductions of 20% (whilst maintaining stability), increasing productivity and empowering and supporting practitioners to take decisions and manage risk effectively on cost effective care packages. Overall management of the departmental budget means that some funding will be available to support the budget in 2020/21, after the current round of the Better Care Fund has ceased. The department has not overspent since 2015/16, unlike many adult social care departments elsewhere.

- 7.6 The department has so far contributed £1.6m of savings towards the new Spending Review 4 Programme, and proposals are being considered to review charging and non-statutory support to supported housing.
- 7.7 Beyond 2019/20, attempting to budget for adult social care is a near impossibility. The current round of BCF ends after 2019/20; the Government recognises that there is a looming crisis, but the promised green paper to put the sector on a sustainable footing has now been delayed for over 12 months. The pressures, however, continue to grow: if there is no replacement for BCF whatsoever, the shortfall could amount to anything up to £30m by 2021/22.

City Development and Neighbourhoods

- 7.8 The department provides a wide range of statutory and non-statutory services which contribute to the wellbeing and civic life of the City. It brings together local services in neighbourhoods and communities, economic strategy, strategic and local transportation, tourism, regeneration, the environment, culture, heritage, libraries, adult learning, housing and property management.
- 7.9 Historically, the department has been able to live within its budget. The nature of the department's services is such that it does not experience the same financial volatility as social care services.
- 7.10 The department is a major contributor to the Spending Review Programme. To date, it has achieved £18.7m in earlier rounds of the programme and has a target of £7.4m to achieve in respect of Spending Review 4.
- 7.11 In 2018/19, for the first time, the department needed to achieve savings to enable it to live within its resources. This arose from budget pressures in waste management, bereavement income, market income and community services income. The approach taken by the department was to make additional spending review savings (in effect, increasing its target to £8.8m). Savings already achieved as part of the Spending Review 4 Programme now mean the department is able to live within its budget and can achieve further savings to support the corporate position. This is expected to include further review of investment properties, new pay and display bays, an efficiency review of the museums service, and increased enforcement of bus lanes and urban clearways.
- 7.12 There is, nonetheless, a temporary pressure within the budget because the (completed) technical services review is taking longer to implement than anticipated. This pressure is being managed by means of additional short-term income generated by capital programme work.

Health and Wellbeing

- 7.13 The health and wellbeing division consists of core public health services, together with sports and leisure provision. It is partly funded from public health grant and partly from the general fund.
- 7.14 Public health grant has been falling, and a further reduction of £0.7m is anticipated in 2019/20. In 2020/21, public health grant is expected to cease, and the money consolidated into the new 75% Business Rates Retention Scheme. This, however, remains uncertain as it is subject to agreement between the Ministry of Housing, Communities and Local Government; and the Department of Health – the latter may wish to impose requirements on how former public health grant is spent in the future. We have no indication of the equivalent amount of grant we will receive in 2020/21.
- 7.15 The department has completed all outstanding reviews from the earlier stages of the Spending Review Programme. Reviews of sports services, sexual health services and lifestyle services have all been completed in 2018/19, and have collectively contributed £2.8m to the Council's ongoing budget reductions. These reviews are now in the process of implementation. The department is able to manage within its budget for 2019/20 although it is facing cost pressures of around £120k associated with an increase in licensed drug treatment costs, as well as an estimated £570k as a result of the national pay award for NHS staff working in services commissioned by the Council. This has been escalated nationally to the Department of Health & Social Care, Public Health England and the LGA as a 'new burden' on local government which cannot be met within the existing grant without further service reductions.
- 7.16 The department is expecting to contribute to the Spending Review 4 Programme, with a key area being review of services provided to children aged 0-19 (to be complete for the start of a new contract in 2020/21).

Corporate Resources and Support

- 7.17 The key challenge facing the department is to be as cost effective as possible, in order to maximise the amount of money available to run public facing services. The department has achieved £8.6m of savings since 2011/12 in earlier phases of the spending review programme, and is expected to save a further £3.3m as part of the Spending Review 4 Programme. £1m of this has already been achieved.
- 7.18 The department will manage within its budget ceilings for 2019/20, having absorbed new spending pressures. These pressures include:-
- (a) Additional legal posts to manage workload (£0.4m) which will be met from a combination of charges to the HRA, charges to the capital programme and a review of working arrangements. A further £0.4m for childcare lawyers is being funded from within existing budgets;
 - (b) The department is paying £0.5m per year on an offsite benefits processing contract. The need for this arises from difficulties in retaining staff (the

service has a limited “shelf life”, given the move to Universal Credit) and the need to improve performance and increase available subsidy. It is anticipated that the cost will be met from savings achieved;

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

Children’s Services

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

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

- (a) Social care placement costs, where there is a pressure of some £6m. This is a combination of increasing numbers of looked after children with new entrants to care averaging 260 per annum in recent years (this level is now being reduced because of referral of cases to new therapeutic intervention teams); continued reliance on independent fostering agents (over 20% of total foster care placements); and the number of children in external residential placements (although this has reduced from 40 to 36 since the beginning of 2018/19, at the time of writing);
- (b) Pressures in respect of transport costs for looked after children and SEN pupils (around £2m);
- (c) Continued pressures as a consequence of inability to recruit social workers, and the need to use agency staff while we “grow our own”;
- (d) Pressures of £2m from previous years which have been dealt with by one-off money (these, themselves, arise from the same issues described above).

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

7.22 Measures being considered to reduce costs include:-

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

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

- (b) Reducing the use of independent fostering agencies by increasing the number of internal foster carers. We will be reviewing our approach to recruitment, and are targeting a net increase of 10 placements per year;
- (c) Continuing to reduce external residential placements: a process of challenge has been introduced by means of a monthly placements panel;
- (d) Investigation of options to reduce transport costs and promote independence.

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

8. **Corporately held Budgets**

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

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

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

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

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

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

9. Future Provisions

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

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

- (a) Pay awards in 2020/21 and 2021/22. It is assumed that local funding will be required equivalent to 1% per annum;
- (b) A contingency for inflation on running costs for services unable to bear the costs themselves. These are: waste disposal, independent sector residential and domiciliary care, and foster payments.

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

10. Budget and Equalities (Hannah Watkins)

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

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

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

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

- 10.4 When making decisions, the Council (or decision maker, in this case the City Mayor) must be clear about any equalities implications of the course of action proposed. In doing so, it must consider the likely impact on those likely to be affected by the recommendation; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.
- 10.5 This report seeks approval to the proposed budget strategy. The report sets out financial ceilings for each service which act as maxima above which the City Mayor cannot spend (subject to his power of virement). However, decisions on services to be provided within the budget ceilings are taken by managers or the City Mayor separately from the decision regarding the budget strategy. Therefore, the report does not contain details of specific service proposals. However, the budget strategy does recommend a proposed council tax increase for the city's residents. The City Council's proposed tax for 2019/20 is £1,552.17, an increase of just below 3% compared to 2018/19. As the recommended increase could have an impact on those required to pay it, an assessment has been carried out to inform decision makers of the potential equalities implications.
- 10.6 The 2018/19 budget report noted that disposable income had fallen in real terms due to slow wage growth, welfare changes and inflation. The context has changed slightly over the last year with the ASDA Income Tracker September 2018 highlighting that family spending power is up by £7.45 per week year on year in September 2018, an annual increase of 3.8%. Income growth has been boosted across most regions with UK families seeing the fastest pay growth since 2008. Inflation peaked at 3.1% in late 2017, and has now fallen back to 2.2% as measured by the Consumer Price Index (CPI). It is not expected to rise significantly in the short term, although analysts stress the uncertainties caused by Brexit.
- 10.7 The ASDA income tracker is an indicator of the economic prosperity of 'middle Britain', taking into account income, tax and all basic expenditure. ASDA's customer base matches the UK demographic more closely than that of other supermarkets.
- 10.8 In most cases, the change in council tax (0.67p/week for a band B property with no discounts) is a small proportion of disposable income, and a small contributor to the squeeze on household budgets. A Council Tax increase would be applicable to all properties - the increase would not target any one particular protected group, rather it would be an increase that is applied across the board. However, it is recognised that this may have a differential impact dependent upon a household's disposable income.
- 10.9 Some households reliant on social security benefits are likely to be adversely affected due to the cumulative impact of further implementation of the Government's welfare reforms, in particular the rollout of Universal Credit full service which was implemented in Leicester in June 2018, although most of these households will be eligible to receive Council Tax Support reducing their

Council Tax bill by up to 80%, and further discretionary relief, discounts and exemptions are available.

- 10.10 The Council has a number of mitigating actions in place to provide council tax reductions, exemptions or support for particular groups and some relief in instances of short term financial crisis.
- 10.11 There are council tax reductions and exemptions available for some individuals from protected characteristic groups, provided they meet certain criteria. For example, some people may qualify for a reduction if their home has been specially adapted due to a disability for them or someone who lives with them, if there are severely mentally impaired adults in receipt of particular benefits in the household, and care leavers under 25 years of age who have previously been a resident in a care home or similar facility provided by Leicester City Council.
- 10.12 Locally, Council services provide (or fund) a holistic safety net including the provision of advice, personal budgeting support, and signposting provision of necessary household items. In particular, the Council provides £500,000 annually in Council Tax Discretionary Relief for households with a low income in financial difficulties (see para. 10.14 below), and also supports Crisis and Support Grants covering food, fuel, white goods and essential items through the Community Support Grant scheme. The Council also assists with rent shortfalls in the form of Discretionary Housing Payments (£1.1m in 2018/19). It is important to note that these mitigating actions are now the sole form of safety net support available to households in the city. A House of Commons Works and Pensions Committee report in January 2016 ('The local welfare safety net') described this devolution of discretionary support to those in short term financial crisis to local government. There is now no other source of Government support available.
- 10.13 Since April 2013, as a consequence of the Government's welfare reforms, all working age households in Leicester have been required to contribute towards their council tax bill. Currently working age households have to pay at least 20% of their council tax bill, but low income households can apply for council tax support which can help to pay their council tax bill.
- 10.14 There is also a discretionary relief scheme which can help households who are struggling to pay their council tax as a last resort. The scheme sets out to ensure that the most vulnerable householders are given some relief in response to financial hardship they may experience.
- 10.15 Leicester is ranked as the 21st most deprived local authority in the country according to the 2015 Indices of Multiple Deprivation. In addition to provision of a 'local welfare safety net', council services seek to address inequalities of opportunity that contribute to this deprivation. They do this by seeking to improve equality of outcomes for those residents that we can directly support.
- 10.16 Our Public Sector Equality Duty is a continuing duty, even after decisions have been made and proposals have been implemented. Periodically we review the outcomes of earlier decisions to establish whether mitigating actions have been

carried out and the impact they have had. The Council has a legal duty to set a balanced budget. The spending review programme enables us to assess our service provision from the perspective of the needs of individual residents. This “person centred” approach to our decision making ensures that the way we meet residents’ needs with reducing resources can be kept under continuous review – in keeping with our Public Sector Equality Duty.

- 10.17 A key concern in terms of potential for significant equalities implications is the uncertainty and challenges around the funding of Adult Social Care in the long term. In the current financial climate, a lower council tax increase would require even greater cuts to services. While it is not possible to say where these cuts would fall (and therefore which specific groups would be affected), the users of Adult Social Care are mostly older people or, to a lesser extent, adults who have a disability and therefore there are likely to be negative equalities implications arising from a decision to implement a lower council tax increase.
- 10.18 Where there are changes to policy, service or function in the future, an individual Equalities Impact Assessment will be undertaken to identify the specific equalities impacts and inform the development of proposals, including any mitigating actions where a disproportionate negative impact on a protected characteristic/s is identified.

11. Rates Retention scheme

- 11.1 Local government retains 50% of the rates collected locally, with the other 50% being paid to central government. In Leicester, 1% is paid to the fire authority, and 49% is retained by the Council. This is known as the “Business Rate Retention Scheme”.
- 11.2 In recognition of the fact that different authorities’ ability to raise rates does not correspond to needs, there are additional elements of the business rates retention scheme:
- (a) a **top-up to local business rates**, paid to authorities with lower taxbases relative to needs (such as Leicester) and funded by authorities with greater numbers of higher-rated businesses.
 - (b) **Revenue Support Grant (RSG)**, which has declined sharply in recent years as it is the main route for the government to deliver cuts in local government funding (and the methodology for doing this has disproportionately disadvantaged deprived authorities).
- 11.3 At the time of writing this report, the finance settlement for 2019/20 had not been received. However, in 2016/17, the Government offered, and we accepted, a four year certainty deal which means the revenue support grant and top-up figures for 2019/20 are fixed, “barring exceptional circumstances.”
- 11.4 Our estimates of rates income take into account the amount of income we believe we will lose as a consequence of successful appeals. The majority of appeals against the 2017 revaluation have not yet been decided, and appeals have been a source of volatility since business rates retention was introduced. Despite Government attempts to reduce this volatility, we have again seen

significant losses through appeals in 2018, and this is likely to continue as there are still a large number of outstanding appeals from earlier years (and any successful appeals will be backdated, potentially for several years).

Funding from 2020/21

- 11.5 No figures have been made available for local government funding after 2019/20, either nationally or locally. Despite headlines of “the end of austerity”, analysis of the Chancellor’s October budget statement implies a less optimistic picture. After paying for commitments, including an increase in NHS funding, it appears that the amount available for other unprotected services will be (at best) remaining at its 2019/20 level.
- 11.6 Further information on future funding levels will be available in the government’s Spending Review, due to be published next year. This will set out spending totals for government departments for years past 2019/20, but not the funding available to individual local authorities. We do not yet know how many years the Spending Review will cover.
- 11.7 A further reform of local government funding is planned to take effect from April 2020, increasing the proportion of rates retained locally to 75%. In itself, this change should be financially neutral, as the additional business rates income will be offset by the loss of RSG and some other grants. There is likely to be a more substantial effect on the Council’s finances from the “fair funding review” planned for the same date, which will redistribute resources between councils.
- 11.8 The current funding formula is complex, and has not been updated since 2013. One outcome of the funding review is likely to be a simpler, more up-to-date means of measuring each authority’s need to spend. In itself, this should be beneficial to us as it will take into account our rapid population growth in recent years, and should (unlike the current formula) fully reflect the differences in council taxbase between different areas of the country. However, there are other pressures on the limited amount of funding available, including intensive lobbying from some authorities over perceived extra costs in rural areas. As a result, we do not know the likely outcome of the funding review.
- 11.9 In the first few years, the new funding formula is likely to be subject to a significant amount of damping, to protect authorities from a sudden loss of resources. Since the overall funding for local government is fixed, this can only come from reducing the amounts paid to authorities that gain from the new formula. This means the new formula will take some years to be fully implemented.
- 11.10 The budget assumes (real-terms) cuts of £3m per year in each of 2020/21 and 2021/22, which is significantly less than the cuts seen in recent years. This is a significant risk in the medium-term budget, which is discussed further in paragraph 17 below.

12. Council Tax

- 12.1 Council tax income is estimated at £113.6m in 2019/20, based on a tax increase of just below 3%, which is the maximum we can increase tax without a referendum. For planning purposes, tax increases of 2% per year have been assumed in each of 2020/21 and 2021/22.
- 12.2 Since 2016/17, social care authorities have been given additional flexibility (the “social care precept”) to help mitigate the growing costs of social care. We have already used our maximum social care flexibility and therefore cannot increase tax beyond 3% in 2019/20.
- 12.3 Council tax income includes the additional revenue raised from the Empty Homes Premium, which increases the charge by 50% for a property left empty for more than six months. From April 2019, as part of the Government’s housing strategy, the maximum charge will be increased to 100% (i.e. a long-term empty property would attract double the normal council tax); the figures in this report assume that the maximum premium is introduced.

13. Collection Fund Surpluses / Deficits

- 13.1 Collection fund surpluses arise when more tax is collected than assumed in previous budgets. Deficits arise when the converse is true. At this stage, figures in the draft budget are estimates which will be revised in due course.
- 13.2 The Council has an estimated **council tax collection fund surplus** of £1.5m, after allowing for shares paid to the police and fire authorities. This has arisen because of growth in the number of homes liable to pay tax (which has been greater than was assumed when the budget was set) and a reduction in the costs of the council tax support scheme (linked to improvements in the local economy).
- 13.3 The Council has an estimated **business rates collection fund deficit** of £2.3m. This is due to the cost of appeals, particularly a larger than anticipated rates reduction on a large property in the city that has been backdated to 2005, and the effect of a recent ruling on the rates chargeable on ATM machines.

14. Other government grants

- 14.1 The Government also controls a range of other grants. With the exception of New Homes Bonus and Adult Social Care Grant, these are not shown in the table at paragraph 4.1, as they are treated as income to departments (departmental budgets are consequently lower than they would have been).
- 14.2 These other grants include:-
- (a) **New Homes Bonus (NHB)**. This is a grant which roughly matches the council tax payable on new homes, and homes which have ceased to be empty on a long term basis. The future of NHB beyond 2019/20 is in doubt, and it may be rolled into the new business rates retention scheme.

- (b) **Dedicated Schools Grant (DSG)**, which funds schools' own spending and a range of education-related central services, was reformed in 2018/19, leading to a reduction in the funding available for school improvement and SEN support services provided centrally.
- (c) The **Better Care Fund** has increased nationally, and the city is expected to receive £15.5m by 2019/20. The increase has been termed the "Improved Better Care Fund" (iBCF). iBCF is not entirely new money – some is being met from cuts to NHB, and from a reduction in the amount available for RSG. The future of the entire BCF after 2019/20 is unclear.
- (d) Additional funding to support **Adult Social Care** has been made available each year since 2017/18, although this has been as a series of one-off allocations rather than a stable funding stream. A further £650 million nationally will be available in 2019/20; our (provisional) share of this funding is £4.3m. For the purposes of this draft budget, the full amount is shown in the table at paragraph 4, but some additional spending is likely to be required to meet grant conditions. For the first time, some of the funding will be available to support Children's social care services as well as Adults'.

15. General Reserves and the Managed Reserves Strategy

- 15.1 In the current climate, it is essential that the Council maintains reserves to deal with the unexpected. This might include continued spending pressures in demand led services, or further unexpected Government grant cuts.
- 15.2 The Council has agreed to maintain a minimum balance of £15m of reserves. The Council also has a number of earmarked reserves, which are further discussed in section 16 below.
- 15.3 In the 2013/14 budget strategy, the Council approved the adoption of a managed reserves strategy. This involved contributing money to reserves in 2013/14 to 2015/16, and drawing down reserves in later years. This policy has bought time to more fully consider how to make the substantial cuts which are necessary. Since 2016/17, these reserves have been drawn down to balance the budget, although some remain to support 2019/20 and 2020/21.
- 15.4 The managed reserves strategy will be extended as far as we can: the rolling programme of spending reviews enables any in-year savings to extend the strategy. Additional money has been made available since the 2018/19 budget was set, and future reviews should enable further contributions to be made. Given the uncertainty around future funding, it is essential that these reviews are implemented promptly to ensure that managed reserves are available to mitigate the medium-term funding risks.

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

| | 2018/19 | 2019/20 |
|----------------------------|----------------|----------------|
| | £m | £m |
| Brought forward | 21.8 | 19.4 |
| Additional savings in year | 3.1 | |
| Earmarked reserves review | 1.4 | |
| Other provisions review | 3.3 | |
| Planned use | (10.2) | (6.2) |
| Carried forward | 19.4 | 13.2 |

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

16. Earmarked Reserves

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

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

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

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

17. Risk Assessment and Adequacy of Estimates

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

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

- 17.3 In my view, although very difficult, the budget for 2019/20 is achievable subject to the risks and issues described below.
- 17.4 There are risks in the 2019/20 budget arising from:-
- (a) Social care spending pressures - specifically the risks of further growth in the cost of care packages above budget assumptions, risks to our BCF income due to government expectations (particularly relating to delayed transfers of care) and inability to contain the costs of looked after children;
 - (b) Ensuring spending reviews which have already been approved, but not yet implemented, deliver the required savings;
 - (c) Achievability of estimated rates income (although technically any shortfall will appear as a collection fund deficit in the 2020/21 budget), and particularly the extent of successful appeals against the 2017 revaluations.
- 17.5 From 2020/21 and beyond, the budget projections are particularly uncertain. Risks to a balanced budget in these years include:-
- (a) Non-achievement, or delayed achievement, of the remaining spending review savings; and/or further budget pressures within service departments meaning that any savings achieved cannot be used to reduce the overall budget gap;
 - (b) The considerable task facing Children's Services to balance its budget in the medium term;
 - (c) Loss of future resources. The funding landscape after 2019/20 is largely unknown, with the move to 75% business rates retention and the planned needs review (which could result in a gain or loss to the Council). The risk of further cuts to funding in 2020/21 and 2021/22 is significant;
 - (d) Longer-term reforms to social care funding and expectations on local authorities, and the need to manage ongoing demographic pressures. Crucially, we need to know what additional funding the Government will make available after 2019/20;
 - (e) Continuing increases in pay costs. Upward pressures may lead to pay increases above the amount provided in the budget. Each 1% on pay costs around £1.7 million in direct costs, and will also impact on contract costs, particularly in Adult Social Care.
- 17.6 A further risk is economic downturn, nationally or locally. This could result in new cuts to grant; falling business rate income; and increased cost of council tax reductions for taxpayers on low incomes. It could also lead to a growing need for council services and an increase in bad debts. The effect of Brexit remains to be seen.

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

- (a) A minimum balance of £15m reserves will be maintained;
- (b) A one-off corporate contingency of £1m is included in the budget for 2019/20;
- (c) A planning contingency is included in the budget from 2020/21 onwards (£3m per annum accumulating);
- (d) Spending Review savings are being implemented as soon as possible, and the resulting savings “banked” to support future budgets.

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

18. **Consultation on the Draft Budget**

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

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

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

19. **Capital Strategy**

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

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

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

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

20. **Financial Implications**

20.1 This report is exclusively concerned with financial issues.

20.2 Section 106 of the Local Government Finance Act 1992 makes it a criminal offence for any member with arrears of council tax which have been outstanding for two months or more to attend any meeting at which a decision affecting the budget is to be made unless the member concerned declares the arrears at the outset of the meeting and that as a result s/he will not be voting. The member can, however, still speak. The rules are more circumscribed for the City Mayor and Executive. Any executive member who has arrears outstanding for 2 months or more cannot take part at all.

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

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

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

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

- (a) Robustness of the estimates made for the purposes of the calculations;
- (b) Adequacy of reserves;
- (c) The requirement to set a balanced budget.

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

21.5 The discharge of the 'function' of setting a budget triggers the duty in s.149 of the Equality Act, 2010, for the Council to have "due regard" to its public sector equality duties. These are set out in paragraph 10. There are considered to be no specific proposals within this year's budget that could result in new changes of provision that could affect different groups of people sharing protected characteristics. As a consequence, there are no service-specific 'impact assessments' that accompany the budget. There is no requirement in law to undertake equality impact assessments as the only means to discharge the s.149 duty to have "due regard". The discharge of the duty is not achieved by

pointing to one document looking at a snapshot in time, and the report evidences that the Council treats the duty as a live and enduring one. Indeed case law is clear that undertaking an EIA on an 'envelope-setting' budget is of limited value, and that it is at the point in time when policies are developed which reconfigure services to live within the budgetary constraint when impact is best assessed. However, an analysis of equality impacts has been prepared in respect of the proposed increase in council tax, and this is set out in Appendix Four.

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

22. **Other Implications**

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

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

23. **Report Authors**

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10th December 2018

Budget Ceilings

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

Appendix One

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

Appendix One

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

Scheme of Virement

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

Budget Ceilings

2. Strategic directors are authorised to vire sums within budget ceilings without limit, providing such virement does not give rise to a change of Council policy.
3. Strategic directors are authorised to vire money between any two budget ceilings within their departmental budgets, provided such virement does not give rise to a change of Council policy. The maximum amount by which any budget ceiling can be increased or reduced during the course of a year is £500,000. This money can be vired on a one-off or permanent basis.
4. Strategic directors are responsible, in consultation with the appropriate Assistant Mayor if necessary, for determining whether a proposed virement would give rise to a change of Council policy.
5. Movement of money between budget ceilings is not virement to the extent that it reflects changes in management responsibility for the delivery of services.
6. The City Mayor is authorised to increase or reduce any budget ceiling. The maximum amount by which any budget ceiling can be increased during the course of a year is £5m. Increases or reductions can be carried out on a one-off or permanent basis.
7. The Director of Finance may vire money between budget ceilings where such movements represent changes in accounting policy, or other changes which do not affect the amounts available for service provision.
8. Nothing above requires the City Mayor or any director to spend up to the budget ceiling for any service.

Corporate Budgets

9. The following authorities are granted in respect of corporate budgets:
 - (a) the Director of Finance may incur costs for which there is provision in miscellaneous corporate budgets, except that any policy decision requires the approval of the City Mayor;
 - (b) the City Mayor may determine the use of the corporate contingency;
 - (c) the City Mayor may determine the use of the provision for Education Funding reform.

Earmarked Reserves

10. Earmarked reserves may be created or dissolved by the City Mayor. In creating a reserve, the purpose of the reserve must be clear.
11. Strategic directors may add sums to an earmarked reserve, from:
 - (a) a budget ceiling, if the purposes of the reserve are within the scope of the service budget;
 - (b) a carry forward reserve, subject to the usual requirement for a business case.
12. Strategic directors may spend earmarked reserves on the purpose for which they have been created.
13. When an earmarked reserve is dissolved, the City Mayor shall determine the use of any remaining balance.

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Proposed Capital Strategy

1. Introduction

- 1.1 There is a new requirement on local authorities to prepare a capital strategy each year, which sets out our approach to capital expenditure and financing at a high level. The requirement to prepare a strategy arises from Government concerns about certain authorities borrowing substantial sums to invest in commercial property, outside the vicinity of the Council concerned (something the City Council has never done).
- 1.2 There is also a new requirement on local authorities to prepare an investment strategy, which specifies our approach to making investments other than day to day treasury management investments (the latter is included in our treasury management strategy, as in previous years). The new investment strategy is presented as a separate report on your agenda.
- 1.3 This appendix sets out the proposed capital strategy for the Council's approval. It incorporates our policy on repaying debt, which used to be approved separately.

2. Capital Expenditure

- 2.1 The Council's capital expenditure plans are approved by the full Council, on the basis of two reports:-
- (a) The corporate capital programme – this covers periods of one or more years, and is always approved in advance of the period to which it relates. It is often, but need not be, revisited annually (it need not be revisited if plans for the subsequent year have already been approved);
 - (b) The Housing Revenue Account (HRA) capital programme – as this is funded primarily from revenue, it is considered as part of the HRA budget strategy which is submitted each year.
- 2.2 The capital programme is split into:-
- (a) Immediate starts – being schemes which are approved by the Council and can start as soon as practical after the council has approved the programme. Such schemes are specifically described in the relevant report;
 - (b) Policy provisions, which are subsequently committed by the City Mayor (and may be less fully described in the report). The principle here is that further consideration is required before the scheme can start.
- 2.3 The corporate capital programme report sets out authorities delegated to the City Mayor. Decisions by the City Mayor are subject to normal requirements in the constitution (e.g. as to prior notice and call-in).

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

- (a) **Projects** – these are discrete, individual schemes such as a road scheme or a new building. These schemes are monitored with reference to physical delivery (rather than an annual profile of spending). We do, of course, still want to make sure that the overall budget is not going to be exceeded;
- (b) **Work Programmes** – these are minor works or similar schemes where there is an allocation of money to be spent in a particular year. The focus of monitoring is on whether the money is spent in the years for which it is approved;
- (c) **Provisions** – these are sums of monies set aside in case they are needed, but where low spend is a favourable outcome rather than indicative of a problem.

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

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

2.7 Past and forecast capital expenditure is:

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

2.8 The Council's Estates and Building Services Division provides professional management of non-housing property assets. This includes maintaining the properties, collecting any income, rent reviews, ensuring that lease conditions

are complied with and that valuations are regularly updated at least every 5 years. A capital programme provision is made each year for significant improvements or renovation: spending need is initially prioritised by the division and formally approved by the City Mayor.

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

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

3. **Financing Capital Expenditure**

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

- (a) Where spending facilitates a future disposal, and it is estimated that the proceeds will be sufficient to fully cover the initial costs;
- (b) Where spending can be justified with reference to an investment appraisal (this is further described in the separate investment strategy). This also includes social housing, where repayment costs can be met from rents;
- (c) Other "spend to save" schemes where the initial cost is paid back from revenue savings;
- (d) Where, historically, the Council has used leasing for vehicles or equipment, and revenue budgets already exist to meet the cost;

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

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

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

(The table above excludes PFI schemes).

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

4. **Debt Repayment**

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

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

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

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

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

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

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

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

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

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

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

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

- (a) To support the Council’s treasury management strategy. For instance, using these sums gives the Council access to a wider pool of collective property investments than we could otherwise use because of accounting restrictions (and hence access to better investment opportunities);
- (b) For the acquisition of other investments permitted by the investments strategy, where it is appropriate to capitalise spending so that revenue savings can be delivered immediately.

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

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

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

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

5. **Commercial Activity**

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

- (a) The Council will not make such investments purely to generate income. Each investment will also benefit the Council's service objectives (most probably, in respect of economic regeneration and jobs). It will, however, invest to improve the performance of its current investment property portfolio;
- (b) The Council will not make investments outside of (or on the periphery of) the LLEP area except as described below. We would not, for instance, borrow money to buy a shopping centre 100 miles from Leicester;
- (c) There is one exception to (b) above, which is where the investment meets a service need other than economic regeneration. An example might be a joint investment in solar panels, in collaboration with other local authorities; or investment in a consortium serving local government as a whole. In these cases, the location of the asset is not necessarily relevant.

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

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

6. **Knowledge and Skills**

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

Equality Impact Assessment

1. Purpose

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

2. Who is affected by the proposal?

- 2.1 Since April 2013, as a consequence of the Government's welfare reforms, all working age households in Leicester have been required to contribute towards their council tax bill. Our current council tax support scheme (CTSS) requires working age households to pay at least 20% of their council tax bill and sets out to ensure that the most vulnerable householders are given some relief in response to financial hardship they may experience.
- 2.2 NOMIS¹ figures for the city's working age population (June 2018) indicated that there are 162,800 economically active residents in the city, of whom 5.4% are unemployed. As of November 2016, there were 30,000 working age benefit claimants (12.9% of the city's working age population of 233,000). It should be noted that this does not include tax credit claimants (unless they are also in receipt of another benefit). The working age population is inclusive of all protected characteristics.

3. How are they affected?

- 3.1 The table below sets out the financial impact of the proposed council tax increase on different properties, before any discounts or reliefs are applied. It shows the weekly increase in each band, and the minimum weekly increase for those in receipt of a reduction under the CTSS.
- 3.2 For band B properties (almost 80% of the city's properties are in bands A or B), the proposed annual increase in council tax is £35.15; the minimum annual increase for households eligible under the CTSS would be £7.03.

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

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

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

4. Risks over the coming year

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

4.2 Incomes of households reliant on social security benefits continue to be squeezed with the Government's continued implementation of the welfare reform programme. Of particular relevance is the roll out of Universal Credit full service which was implemented in Leicester in summer 2018. The chart below² gives an indication of anticipated decreases in household incomes by 2020/21, as a consequence of post 2015 welfare reforms:-

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

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

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

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

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

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

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

4.6 There are some offsetting current trends:

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

5. **Overall impact**

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

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

6. **Mitigating actions**

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

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

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

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

7. **What protected characteristics are affected?**

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

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

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Analysis of impact based on protected characteristic

| Protected characteristic | Impact of proposal: | Risk of negative impact: | Mitigating actions: |
|--|---|--|---|
| <p>Age</p> <p style="font-size: 2em; margin-top: 100px;">40</p> | <p>Older people are least affected by a potential increase in council tax. Older people (pension age & older) have been relatively protected from the impacts of the recession & welfare cuts, they receive protection from inflation in the uprating of state pensions. Low-income pensioners also have more generous (up to 100%) council tax relief. However, in the current financial climate, a lower council tax increase would require even greater cuts to services. While it is not possible to say where these cuts would fall exactly, there are potential negative impacts for this group as older people are the primary service users of Adult Social Care.</p> <p>Working age people bear the impacts of welfare reform reductions – particularly those with children. Whilst an increasing proportion of working age residents are in work, national research indicates that those on low wages are failing to get the anticipated uplift of the National Living Wage.</p> <p>A recent report by the Institute for Fiscal Studies on Living Standards, Poverty and Inequality in the UK 2017, shows that trends in living standards for different age groups have been very different. By 2015–16, median income for those aged 60 and over was 10% higher than it was in 2007–08, but for adults aged 22–30 it was still 4% lower. These differences are primarily due to the negative labour market impacts of the recession, which were far more pronounced among younger people.</p> <p>The Joseph Rowntree Foundation’s Minimum Income standard (MIS) shows that families with children continue to have the highest risk of having incomes that fall short of the standard, with working parents facing worsening prospects. The tax increase could have an impact on such household incomes.</p> | <p>Working age households and families with children – incomes squeezed through low wages and reducing levels of benefit income.</p> | <p>Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on managing household budgets.</p> |

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

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

Earmarked Reserves

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

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

2. Earmarked reserves can be broadly divided into ring-fenced reserves, which are funds held by the Council but for which we have obligations to other partners or organisations; departmental reserves, which are held for specific services; and corporate reserves, which are held for purposes applicable to the organisation as a whole.
3. Ring-fenced reserves include:-
 - **NHS joint working projects:** for joint projects with the NHS;
 - **Public Health Transformation:** for costs of relocating sexual health clinic, service transformation and channel shift;
 - Amounts originating from **Dedicated Schools Grant** which are, by, law, ring-fenced to schools or relevant non-delegated functions.
4. Departmental reserves include amounts held by service departments to fund specific projects or identified service pressures. Significant amounts include:-
 - **Adult Social Care:** to meet budget pressures and balance the budget in 2018/19 and 19/20;
 - **Children's Services:** to balance the budget in 2018/19;
 - **City Development and Neighbourhoods:** to meet known additional pressures, including one off costs associated with highways functions and the cost of defending planning decisions;
 - **Housing:** to meet spikes in bed & breakfast costs; sourcing private sector landlords; costs associated with economic migrants; and for development work associated with a subsidiary housing company;
 - **Health & Wellbeing:** to support service pressures, channel shift and transitional costs;
 - **Delivery, Communications & Political Governance:** principally for expenditure incurred to retain the Digital Transformation team until 20/21, temporary and one-off staffing costs in HR/Payroll, costs associated with the Hinckley Road fire, and for future elections.
 - **ICT:** rolling funds for network and server upgrades, mobile airtime and upgrade of the PC Stock;
 - **Financial Services:** for expenditure on replacing the Council's main finance system; funding the Service Analysis Team; transitional costs with the transfer of the audit function to the County Council; spikes in benefit processing and overpayment recovery; and to mitigate budget pressures including reducing grant income to the Revenues & Benefits service.
5. Corporate reserves include:-
 - **Managed Reserves Strategy:** a key element to delivering this budget strategy, as set out in para. 15 of this report;
 - **Demographic Pressures:** to help meet cost of demographic changes in adult social care, and reduce the burden on council tax payers – now used as part of the 19/20 budget strategy;
 - **BSF Financing:** to manage costs over the remaining life of the BSF scheme and lifecycle maintenance costs of the redeveloped schools;

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

Comments from Partners

[To be added once consultation is complete]

Learning and Development Adult Social Care

Jo Dyke (Principal Social Worker)

and

Susan Moore (Learning and Development Manager)



Leicester
City Council

Aims – to explain

- The role of the Learning and Development Manager
- What has informed the learning and development plan
- How performance has fed into the plan
- What the key priorities are
- Next steps

48

Learning and Development manager role

- Learning and development training strategy
- Adult Social Care workforce development
- Assessed and Supported Year in Employment
- Social Work apprenticeships
- Senior Practice Educator Team
- Partnership working with local Universities
- Liaising with Children's Services Learning and Development team

49

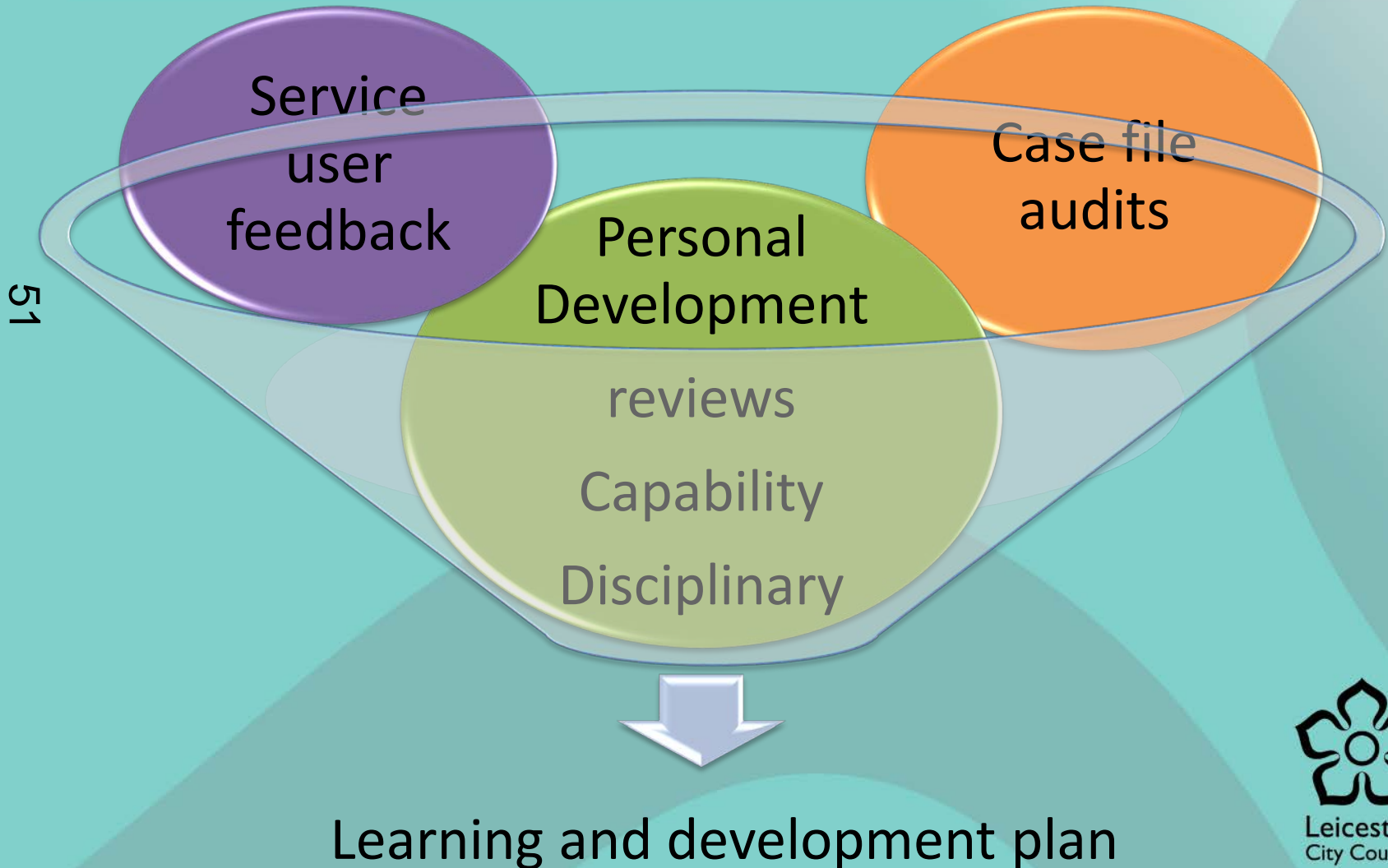


Leicester
City Council

What has informed the learning and development plan

- Mandatory and statutory requirements
- Themes from Personal Development reviews
- Six strategic priorities
- My Time peer review
- Practice Standards Governance Board
- National Institute for Health and Care Excellence guidelines
- Practitioner and First-line Supervisors forums
- Discussions with key members of staff

How performance has fed into the learning and development plan



The key priorities

Mandatory & Statutory (includes Care Act refresher)

Induction- Social Care and Education

Risk

Mental Capacity, Deprivation of Liberty, Court of Protection

Safeguarding including learning from Safeguarding Adults Reviews

Strengths and asset based

Transitions

52



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Next steps

- Learning and development user group – met for the first time 4th December 2018
- Deliver the learning and development plan
- 53 • Learning and development plan will be under continual review with a learning needs analysis to be implemented yearly
- Implement a workforce development strategy alongside the learning and development strategy

Appendix C

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

Quarter 2 - 2018/19

Date: 22nd January 2019

Lead Director: Steven Forbes

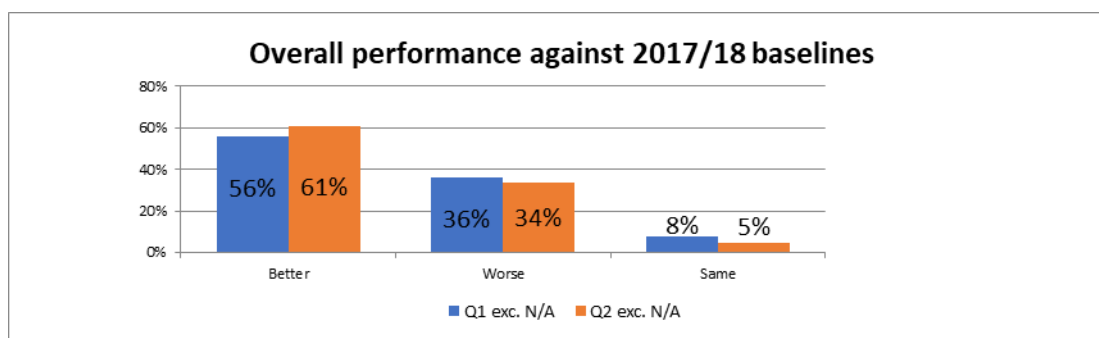


Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

1. Summary

- 1.1 This report brings together information on various dimensions of adult social care (ASC) performance for the second quarter of 2018/19. The intention of this approach to reporting is to enable our performance to be seen ‘in the round’, providing a holistic view of our business. Our model draws on best practice, for example, incorporating features of a Balanced Scorecard.
- 1.2 The report contains information on our *inputs* (e.g. Finance and Workforce), the efficiency and effectiveness of our *business processes*, the volume and quality of our *outputs*, and not least, the *outcomes* we deliver for our service users and the wider community of Leicester.
- 1.3 The overall position at this stage of the year is broadly positive. For those measures where data is available, 61% are showing improvement from the baseline position (mostly 2017/18 outturn); 34% of measures are performing worse than the baseline position; and 5% of measures are unchanged. This overall rate of improvement is better than that reported at the end of Q1, but is slightly poorer than the same period (Q2) and year-end in 2017/18. It is not possible to make a judgement on 16% of measures as they are either new measures without a baseline position, measures for which accurate data is not yet available, or they provide management information rather than a reflection of departmental performance.



2. Recommendation

- 2.1 The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in this report.

3. Report

3.1 Delivering ASC Strategic Priorities for 2018/19

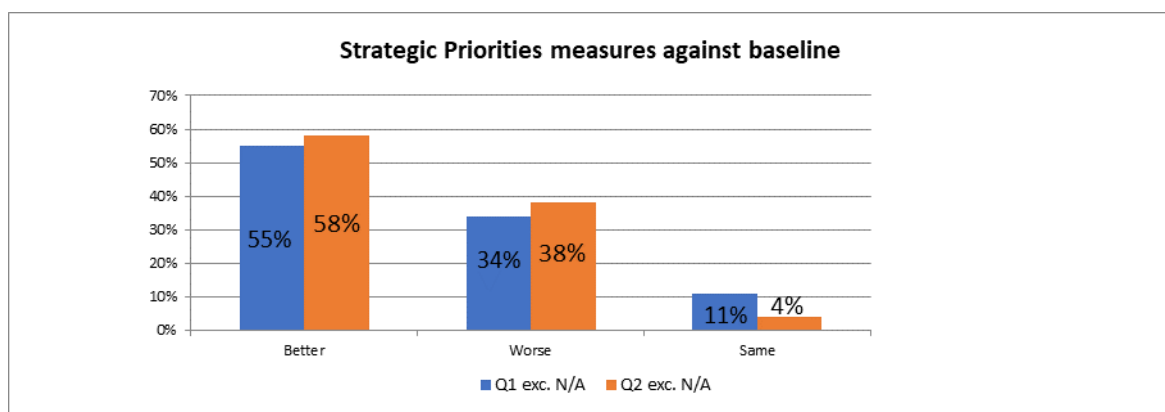
3.1.1 Our strategic Priorities for 2018/19 are unchanged from 2017/18, they are:

| | |
|------|--|
| SP1. | We will work with partners to protect adults who need care and support from harm and abuse. |
| SP2. | We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence. |
| SP3. | We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care. |
| SP4. | We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care. |
| SP5. | We will continue the work with children’s social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood. |
| SP6. | We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services. |

3.1.2 As in previous years, we have set out what we need to do to deliver on these priorities in our Annual Operating Plan and made some revisions to the KPIs designed to measure whether we have been effective in doing so.

3.1.3 Summary:

Overall performance against those KPIs aligned to the department’s strategic priorities suggest that significant progress on our priorities continues to be made, and that having a small number of clear and visible priorities has been effective. Overall, 26 of our measures have shown improvement from our 2017/18 baseline, with 17 showing deterioration. This is a similar position to that reported at the end of Q1, but poorer than the 2017/18 out-turn. Performance is strong across priorities one, four and five, Performance is mixed for priorities two and six, and weak for priority three.



3.1.4 Achievements:

Performance against the new measures to reflect the new safeguarding priority has improved since Q1, with all measures performing better than our 2017/18 baseline. User satisfaction levels derived from the national ASC user survey, our local survey (at assessment) and questions asked in the supported self-assessment (at re-assessment) are positive. Critically here, over 73% of service users said that their quality of life had improved very much or completely as a consequence of our support and services. 6 of the 7 ASCOF measures derived from the national ASC user survey showed improvement from the 2016/17 baseline. Performance against the new measures reflecting our priority around Transitions are broadly positive.

3.1.5 Concerns:

Performance in priority three (promoting independence in the working age population) has dipped again this quarter, with no measures showing an improvement from our baseline position.

3.2 **Keeping People Safe**

3.2.1 The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding, including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2 During Q2 2018/19, 153 individuals were involved in a safeguarding enquiry started in that period. Of these, 59 were aged 18 to 64, with 94 aged 65 years or over. 95 of those involved were female and 56 were male. 114 were 'White', 22 'Asian' and 7 were 'Black.'

3.2.3 72 individuals who were involved in an enquiry have a recorded Primary Support Reason. 37.5% of these individuals (27 people out of 72) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 2, the most commonly recorded category of abuse for concluded enquiries was "neglect" (77), followed by "physical abuse" (61), and then "emotional abuse" (39). The most common location of risk was in care homes, with a total of 70, of these, 56 were residential homes and 14 in nursing homes. The next most common abuse location recorded was the person's own home, 56 instances.

3.2.5 Quarter 2 performance:

| Measure | Q2 2017/18 |
|---|---|
| Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met | 76.8% of enquiries begun within 24 hours of threshold decision being made |
| Number of alerts progressing to a Safeguarding enquiry | Alerts received in the quarter = 560 |
| Completion of safeguarding enquiries within 28 days target | Threshold met in 174 cases, of which 103 progressed to an enquiry |
| Percentage of people who had their safeguarding outcomes partially or fully met. | 50.1% of safeguarding enquiries were completed within 28 days. |

3.3 **Managing our Resources: Budget**

3.3.1 The department is forecasting to spend £104m as per the budget.

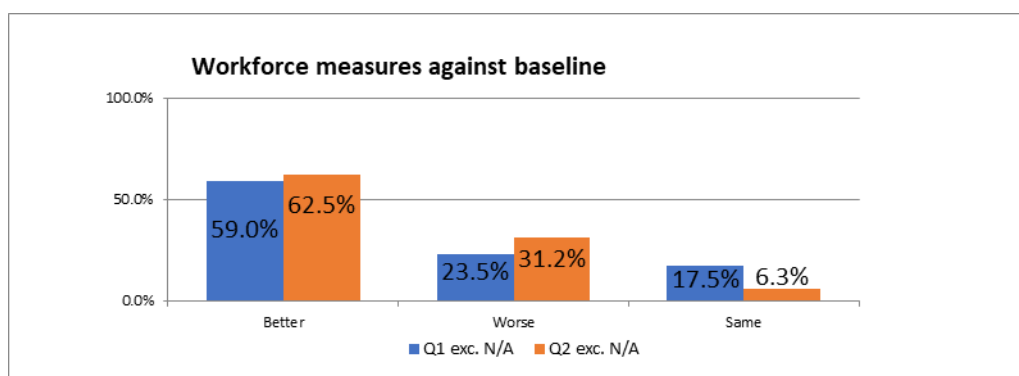
3.3.2 The most significant item since the first quarter's report is the notification by the CCG that they are revisiting the health funding element awarded to a number of jointly funded packages of care. This is as a result of the CCG requesting that their Commissioning Support Unit (CSU), who took over the contract from the previous provider in April 2017, re-assess existing cases to ensure that any health funding awarded is in line with national guidance. A number of cases have been identified to us where the CSU review has identified that health funding should be withdrawn. We are working with the CCG to review these assessments jointly and agree a way forward. On an annual basis the impact could be a reduction in our joint funded income of nearly £2m. The final impact has yet to be finalised for 2018/19.

3.3.3 Notwithstanding the potential reduction in income the department is still forecasting to remain within the budget as a result of a one-off staffing savings and in year savings from the Independent Living Floating Support service which will cease from 31 March 2019 following an Executive decision on 1 August. Full year savings will contribute to corporate spending review targets.

3.4 Managing Our Resources: Our Workforce

3.4.1 Summary:

HR are transferring to a new case management system meaning complete data for grievances and capabilities has not been available since Q2 of last year. Overall performance in the second quarter of 2018/19 remains reasonably strong, with 10 of the 16 measures where we have data showing improvement.



3.4.2 Achievements:

For the fifth quarter running we can report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department continue to fall, with a 30% reduction from the same period two years ago.

3.4.3 Concerns:

The only area of concern from the data available is that spend on agency staff has continued to be higher than last year. Costs for the Adult Social Care and Safeguarding division were £226,199 compared to £166,473 by the mid-point of 2017/18. Having said that, the level of spend during the second quarter was only marginally higher than last year. Total spend on casual staff has also increased, with costs for the ASC and Commissioning division being £22,313 compared to £10,578 by the end of Q2 in 2017/18. Spend in ASC and Safeguarding has also increased, but at a slower rate.

3.5 National Comparators - ASCOF

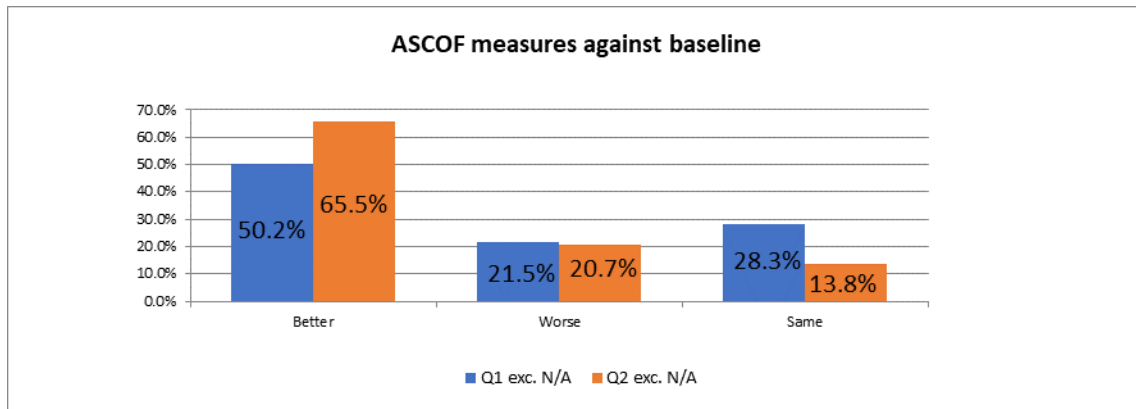
3.5.1 The national performance framework for ASC focusses on user and carer outcomes (sometimes using proxy measures). Submission of data for the ASCOF is mandatory and allows for both benchmarking and local trend analysis. ASCOF complements the national NHS and Public Health outcome frameworks. The following analysis includes ASCOF measures derived from the user survey as full results were not previously available. Details of our ASCOF performance including 2017/18 national benchmarking can be seen in Appendix 2 of this report.

3.5.2 Summary:

3.5.1 The 2017/18 ASCOF data for all local authorities in England with social care responsibilities was published on 23rd October. This allows us to incorporate national benchmarking for last year in this report. This outcome is broadly similar to last year and reflects continued improvement over

recent years. For example, in 2017/18 we have seven measures where we are amongst the worst 50 performing councils in England. In 2013/14 the number of measures in this position was 15.

This year, we continue to have some data quality issues: the proportion of older people provided with reablement following discharge from hospital (2Bii) is still calculated using 2015 live discharge data as current data cannot be shared with local authorities; and the measures based on the new Mental Health dataset (1F and 1H) continue to raise concerns over the quality of data reported by our secondary mental health providers.



3.5.2 Achievements:

The published ASCOF data for 2017/18 allows us to benchmark our performance against all other local authorities in England with social care responsibilities. The results show that we have improved our national ranking for 15 measures, with 3 unchanged and 8 declining.

From the data for Q2 of 2018/19 there are some areas of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains strong. The outcomes of short-term services, reablement and enablement (2D), have exceeded the 2017/18 benchmark and are now almost 10 percentage points higher than at the end of 2016/17. The three measures for Delayed Transfers of Care (2Ci, 2Cii and 2Ciii) are all showing improvement.

3.5.3 Concerns:

Notwithstanding the data issues referred to in the summary, there are signs that performance against a few of our key measures are bucking the overall improvement trend. Permanent admissions to residential care for those aged 18-64 (2Ai) are markedly higher than in Q2 last year. The proportion of older people at home 91 days after hospital discharge (2Bi) has improved marginally since Q1 but remains well below historic performance levels. Similarly, performance against both learning disability measures (1E and 1G) continues to fail to match historic performance.

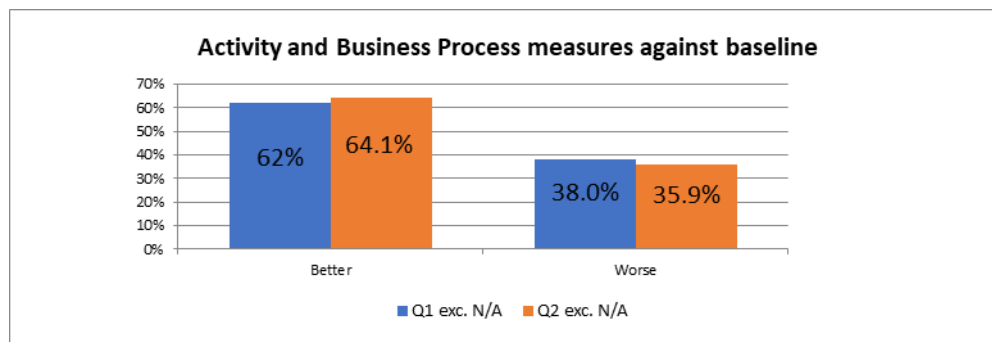
3.6 **Activity and Business Processes**

3.6.1 We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. The use of these indicators will also support the overall approach to managing workflow and workloads within services and teams.

3.6.2 Summary:

Heads of Service have provided narrative relating to performance against these measures (paper 8). Overall performance remains positive, with just over 64% of measures where a judgement can be made showing improvement from our 2017/18 baseline, this rate of improvement is slightly higher

than in Q1 and for the same period last year. Where appropriate, targets for 2018/19 have been proposed for activity and business process measures.



3.6.3 Achievements:

We can continue to be confident that we are managing demand through the provision of information, advice and guidance (including signposting to universal services) and one-off or short-term interventions. While the total number of contacts at the ‘front door’ continues to increase, fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with assessed as having eligible needs. Fewer new contacts are moving into long-term support with more people being ‘deflected’ or provided with low level or short-term support. We have also made progress in addressing areas of previous poor performance such as the timely completion of reviews.

3.6.4 Concerns:

While not impacting on the improved demand management described above, it is worth noting that the number of “new clients” as defined for SALT purposes was over 2,000 higher at the end of Q2 than at the same period last year (8,502 compared to 6,261).

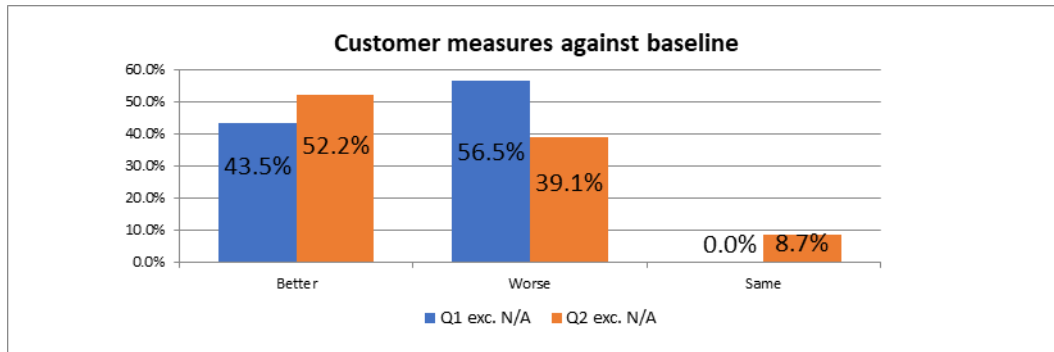
The number of service users in residential and nursing care has remained stable over recent years with no evidence to suggest efforts to reduce admissions or move service users into alternative provision are proving particularly effective. The number of cases allocated to a worker for more than 100 and 250 days respectively has increased from Q1. Although the number of service users in receipt of domiciliary care has decreased, the number of hours of care commissioned has increased.

3.7 **Customer Service**

3.7.1 We have identified 25 indicators to help us understand our customers’ experience of dealing with us and the extent to which they are satisfied with our support and services. The following analysis includes ASCOF measures derived from the user survey based on the published data from NHS digital in October 2018.

3.7.2 Summary:

Performance on 12 of our customer measures is showing improvement from our 2017/18 baseline, with 9 showing a decline. This is an improvement from Q1, when for the first time in over two years the number of measures showing a decline in performance outnumbered those showing improvement in any of our baskets of indicators.



3.7.3 Achievements:

The final results from the 2017/18 national ASC user survey are positive: the overall quality of life score climbed from 18.5 to 18.7, our highest score since the introduction of the survey; the proportion of people who use services who have control over their daily life increased from 76.2% to 78.1%, again our highest ever score; and, the proportion of people who use services who find it easy to find information about services climbed from 67.4% to 70.5%.

The local survey conducted following all reviews enables us to measure whether services have met the needs identified in the initial assessment and whether the service user's quality of life has improved as a result of their care package. Results in the second quarter of 2018/19 continue to be higher than at the end of 2016/17 and 2017/18.

Results for all responses to our survey of people having received an assessment have shown significant improvement from Q1. The results from Q1 were themselves a modest improvement from Q4 in 2017/18 when results unexpectedly plummeted. Half of these measures have now either matched or exceeded our 2017/18 full-year baseline.

3.7.4 Concerns:

Following from the above, we are still below the levels of satisfaction reported throughout 2017/18 for half of the measures derived from our survey of people having received an assessment. We have also seen an increase in the number of complaints received for two of the three categories used in this report.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered specifically in section 3.3 of the report.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext: 37 2284

4.4 Equalities Implications

From an equalities perspective, the six strategic priorities are in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity, and the information related to the outcomes delivered for service users and the wider community. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and socio-economic inequalities, experienced by many adults across the city. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into equalities (as set out in the adults JSNA).

Sukhi Biring, Equalities Officer (Ext. 374175)

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

5. **Background information and other papers: None**

6. **Summary of appendices:**

Appendix 1: 2018/19 Quarter Two: Key Data

Appendix 2: 2018/19 Quarter Two: ASCOF

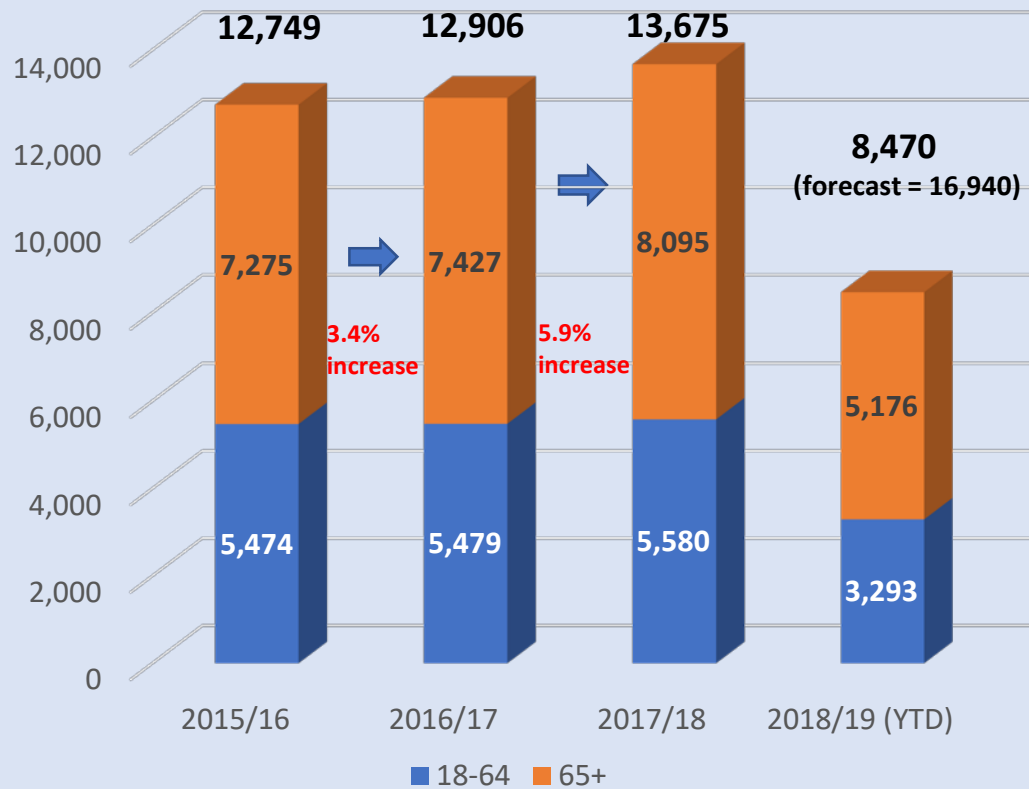
Adult Social Care

Key Data

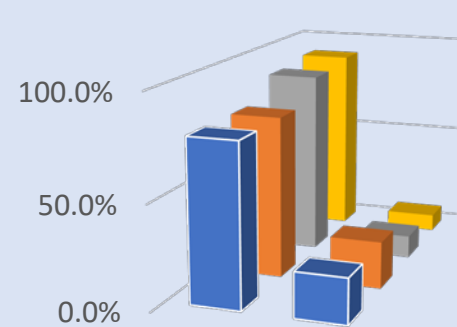
2018/19 – Quarter 2

Understanding demand

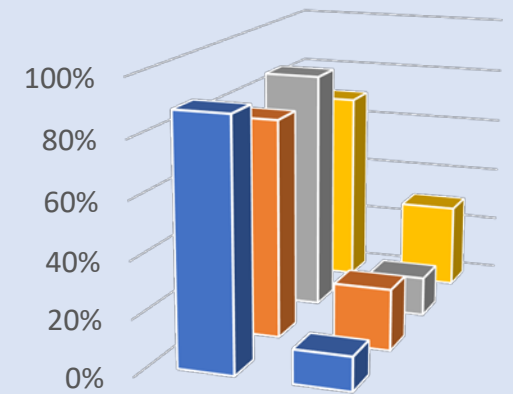
Requests for support



... for those leading to formal assessments



| | Completed within 28 days | Not completed within 28 days |
|----------------|--------------------------|------------------------------|
| ■ 2015/16 | 78.2% | 21.8% |
| ■ 2016/17 | 78.3% | 22.7% |
| ■ 2017/18 | 89.1% | 10.9% |
| ■ 2018/19 - Q2 | 91.8% | 8.2% |

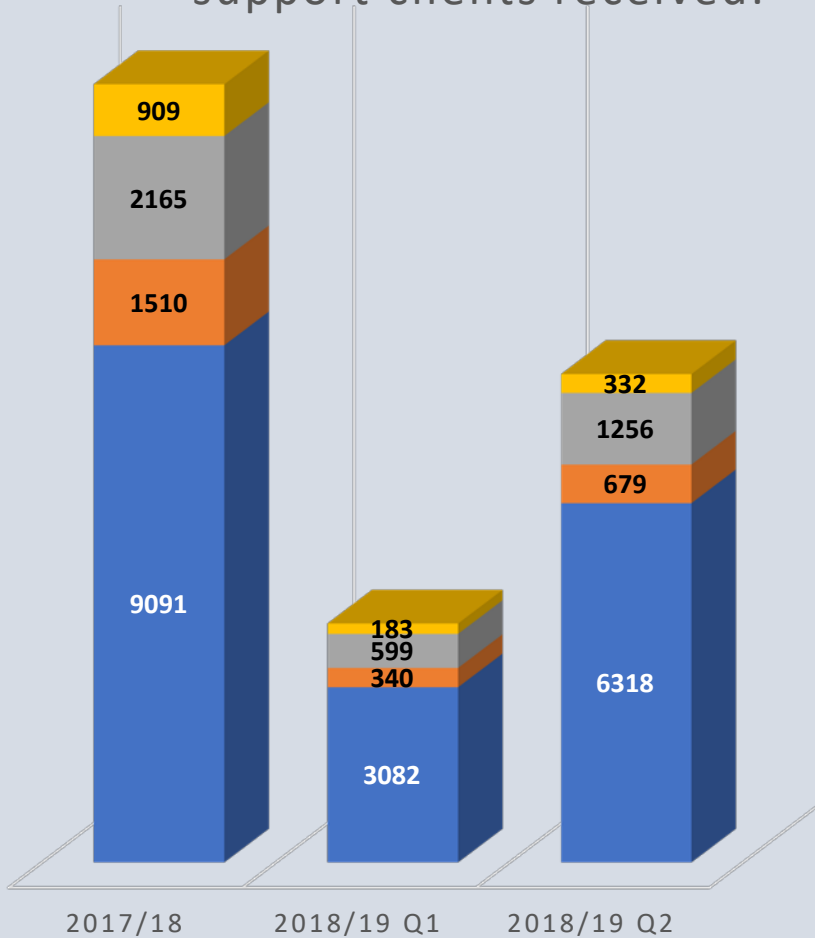


| | Eligible for support | Not eligible for support |
|----------------|----------------------|--------------------------|
| ■ 2015/16 | 88% | 12% |
| ■ 2016/17 | 78% | 22% |
| ■ 2017/18 | 86% | 14% |
| ■ 2018/19 - Q2 | 70% | 30% |

Meeting needs appropriately

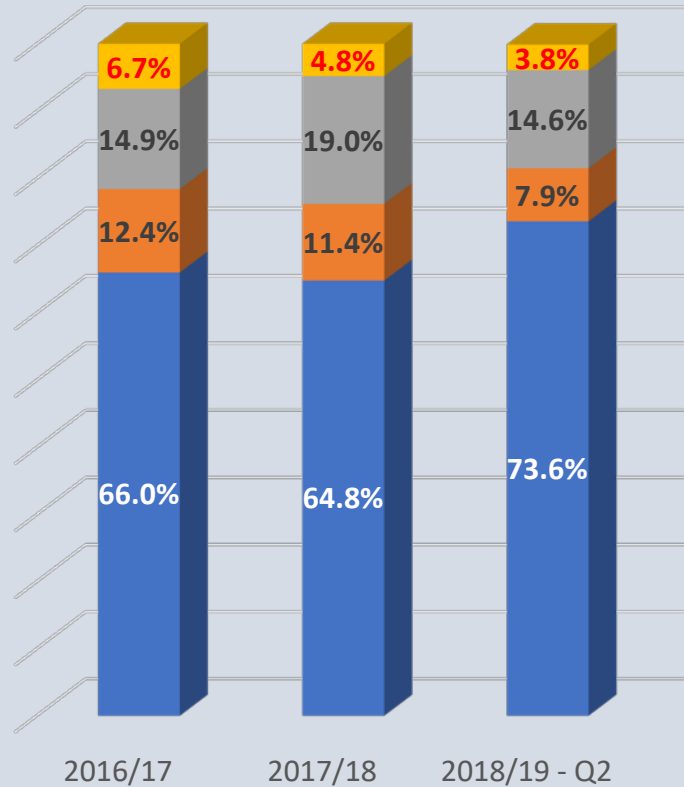
During 2017/18 and 2018/19 (YTD), following a request for support clients received:

67



Compared to 2016/17

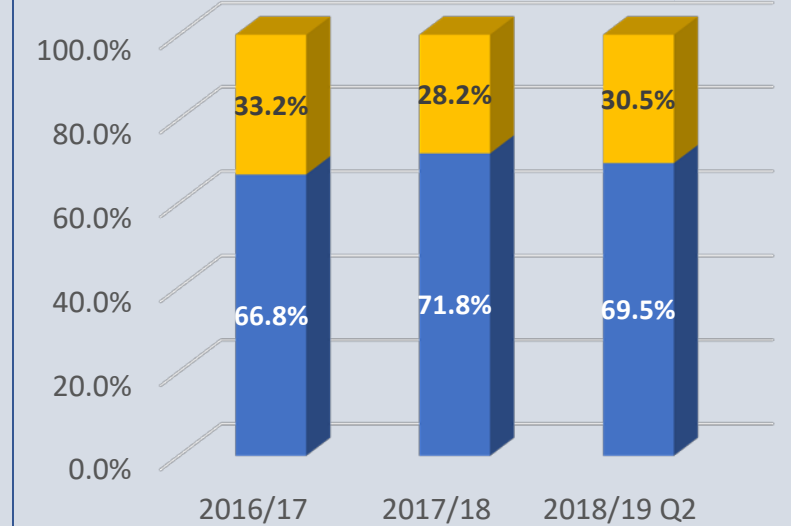
LTS - 43% decrease



- Long-term support
- Other short-term support
- Short-term services to maximise independence
- No services / information, Advice and Guidance

Following short-term support to maximise independence for new clients ...

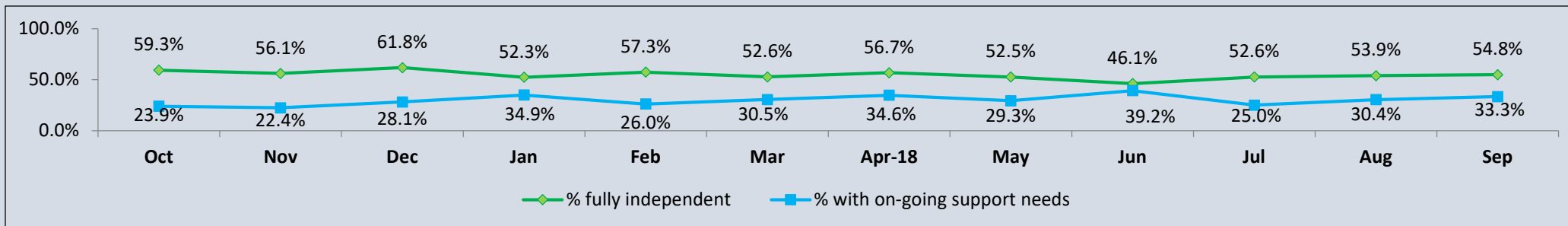
LTS - 8% decrease



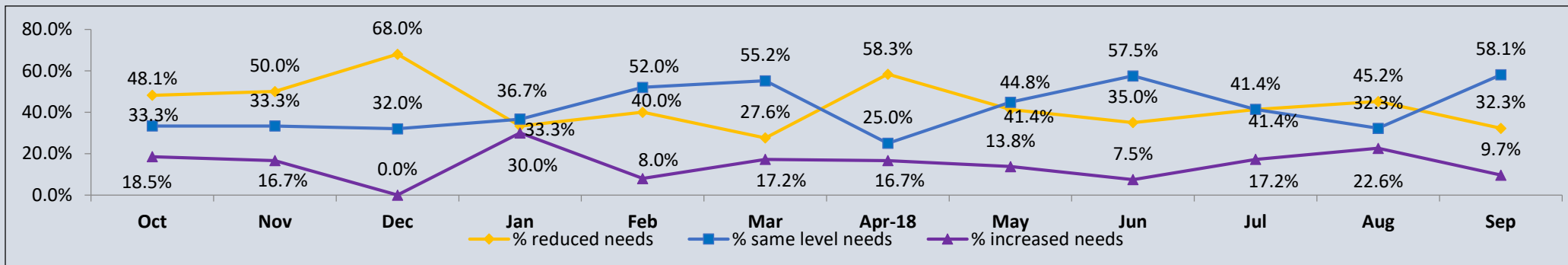
- Long-term support
- Fully independent or one-off support

Preventative services

Outcomes of preventative services (October '17 – September '18)

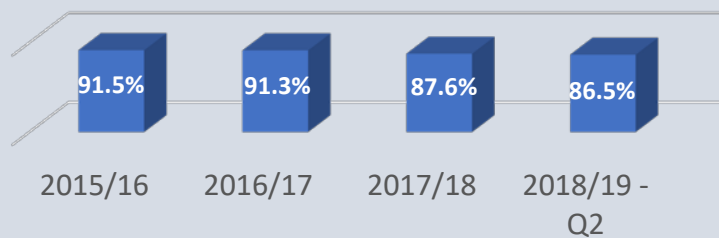


Outcomes for those with on-going support needs (October '17 – September '18)



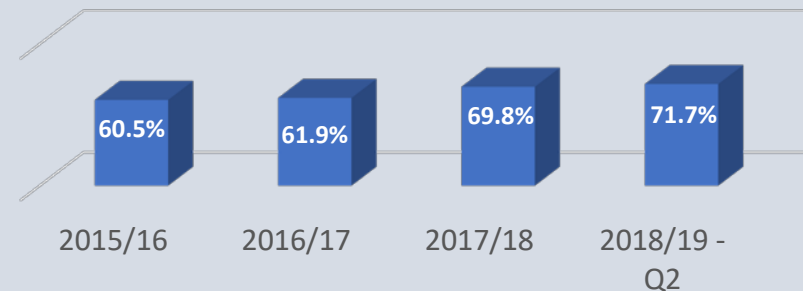
Adult Social Care Outcomes Framework measures:

2B(i) Outcomes for older people receiving reablement following a hospital discharge



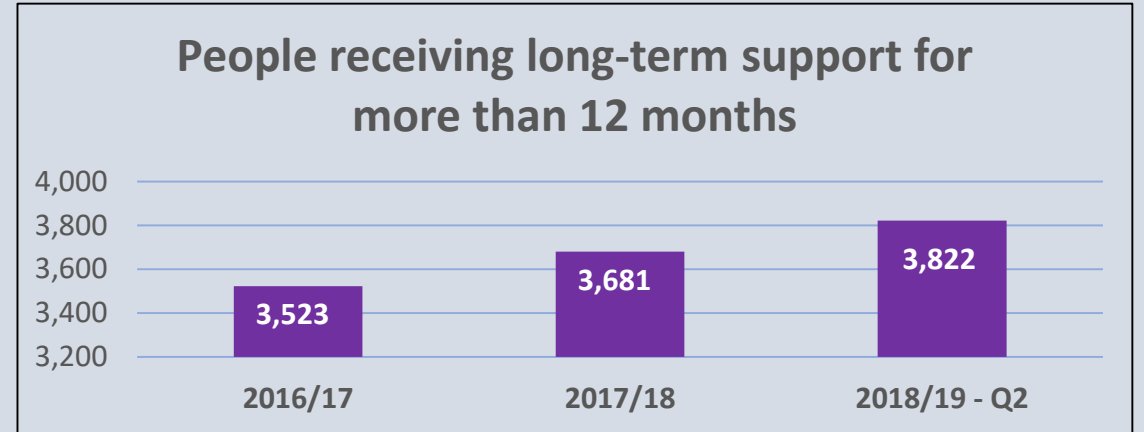
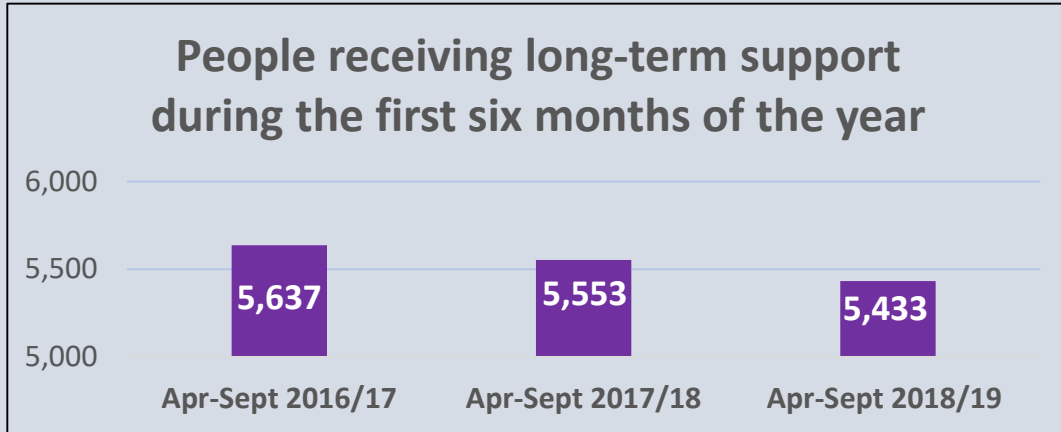
■ Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

2D: The outcomes of short-term services



■ Percentage of those that received a short term service during the year where the sequel was either no ongoing support or support of a lower level

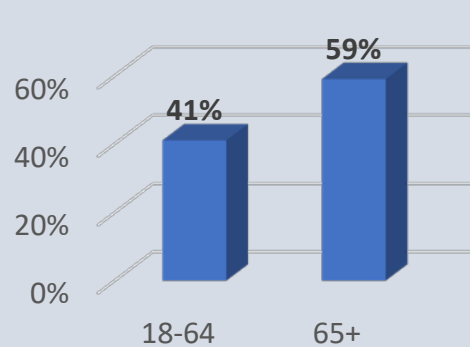
Long-term support



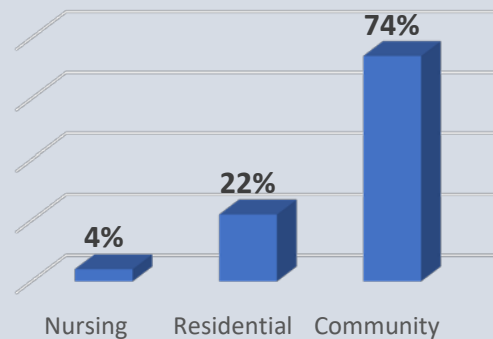
69

For Q2 2018/19:

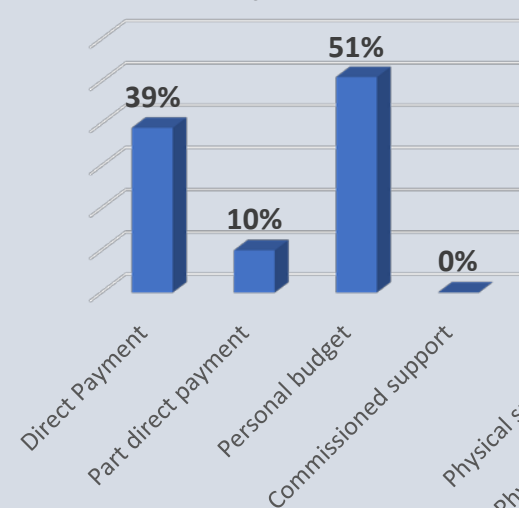
Age profile



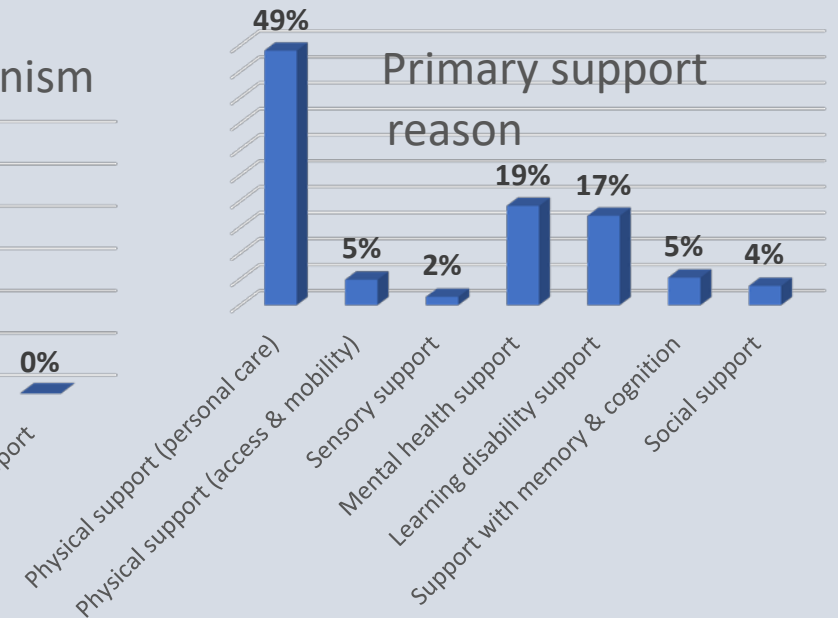
Support setting



Delivery mechanism



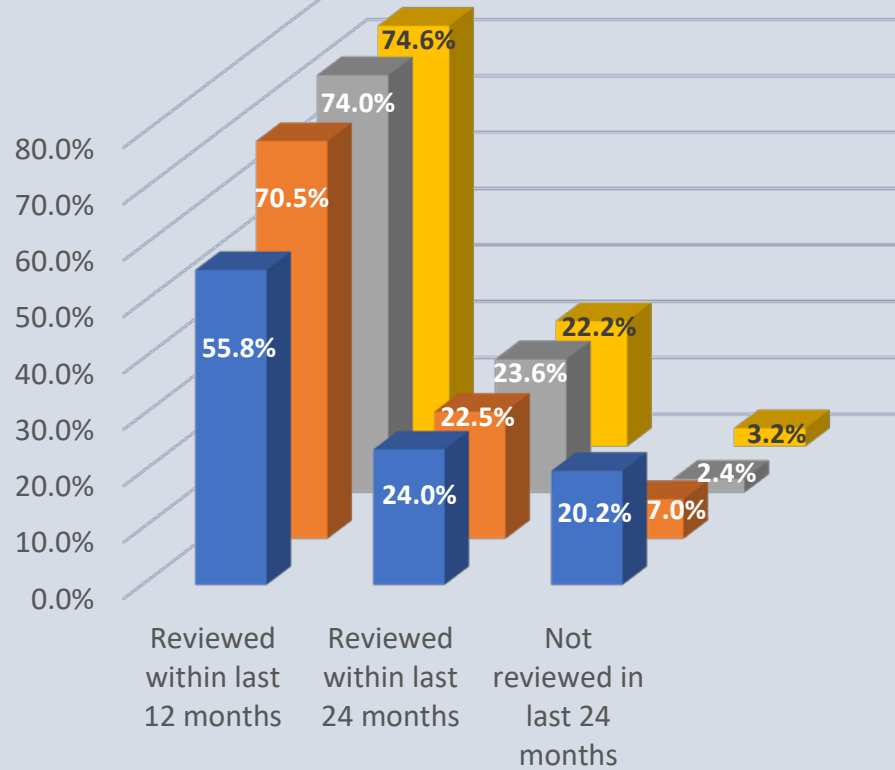
Primary support reason



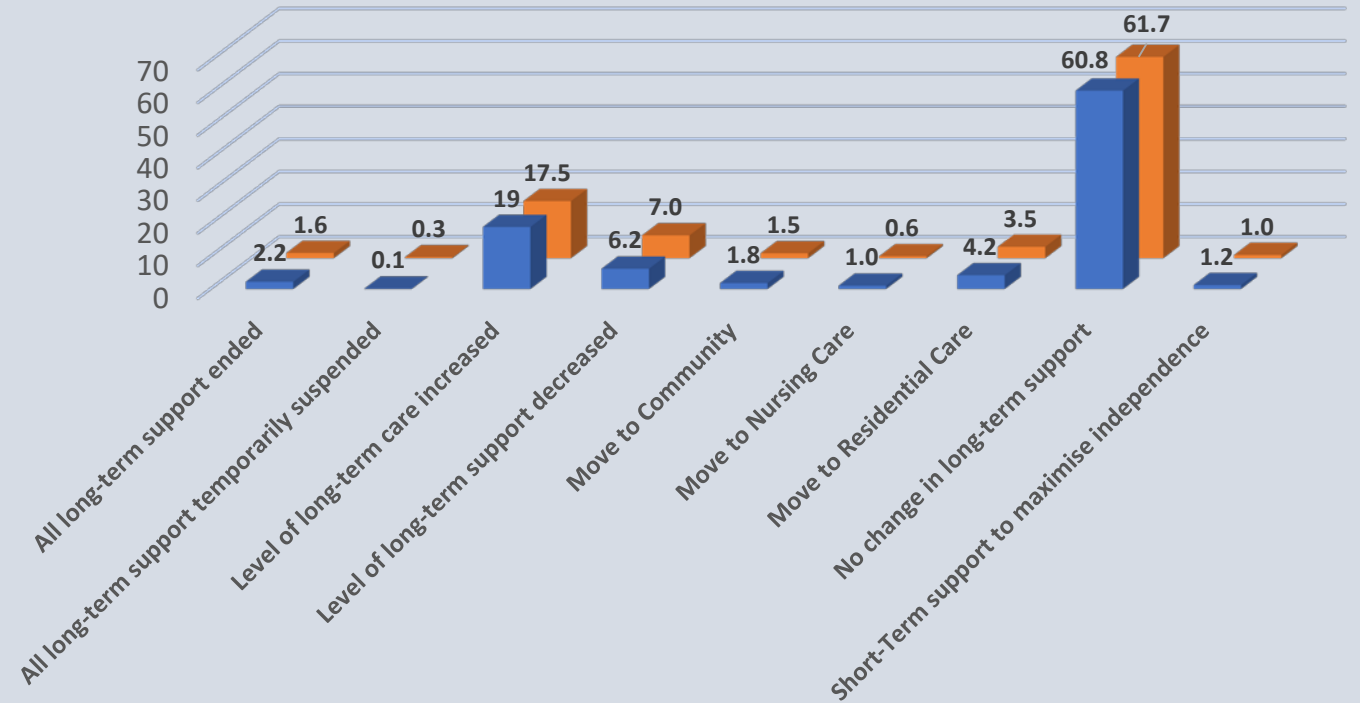
Reviewing needs

70

Timeliness of reviews



Outcome of reviews

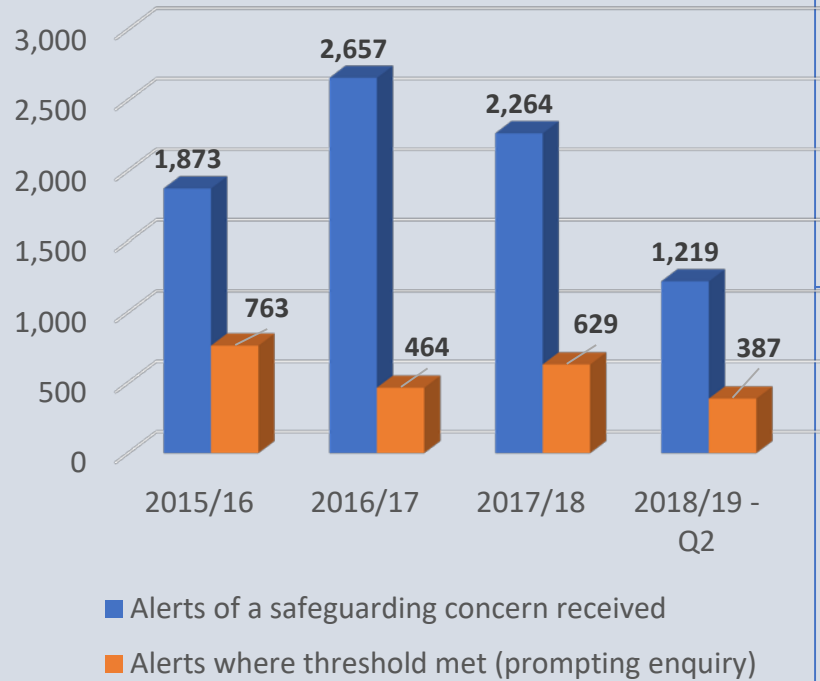


■ 2015/16 ■ 2016/17 ■ 2017/18 ■ 2018/19 - Q2

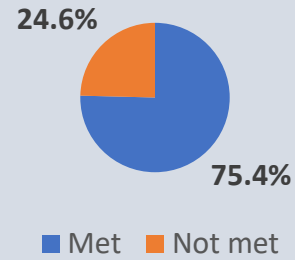
■ 2017/18 ■ 2018/19 Q2

Safeguarding

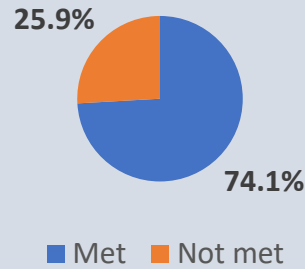
Alerts and Enquiries



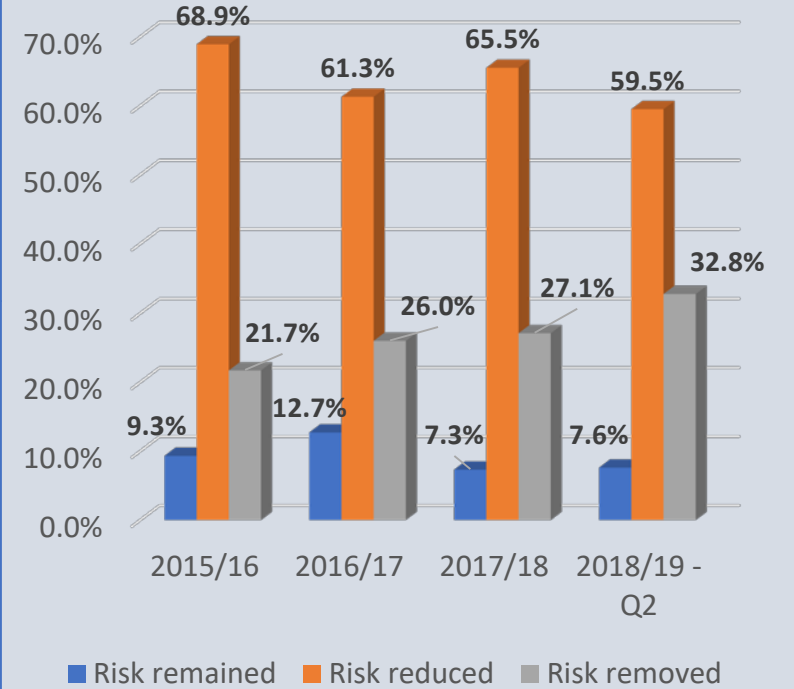
Threshold decisions made within 7 days of receipt of alert (2018/19 - Q2)



Action to make safe taken within 24 hours of threshold decision (2018/19 - Q2)

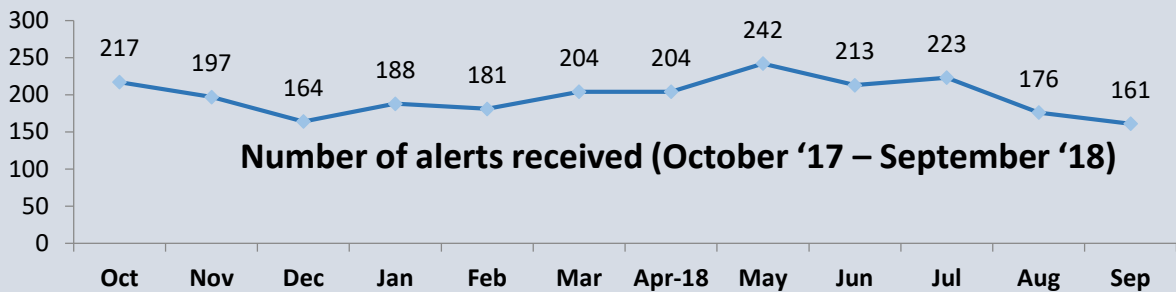


Outcomes

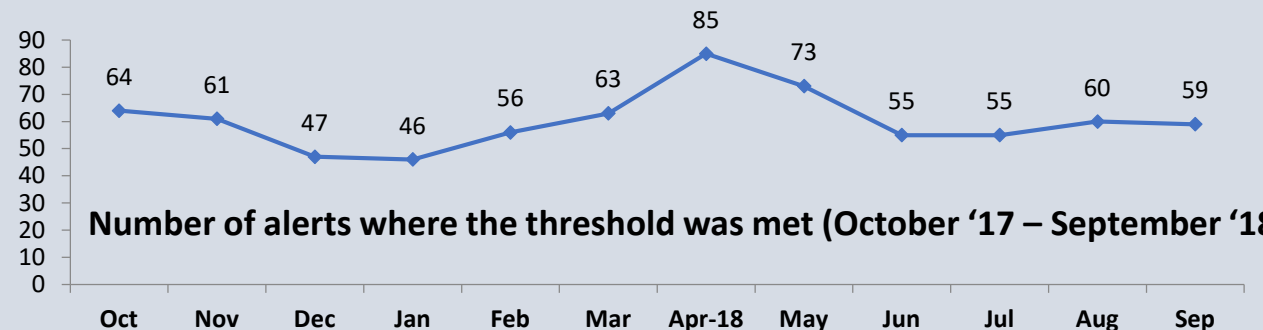


71

Number of alerts received (October '17 – September '18)



Number of alerts where the threshold was met (October '17 – September '18)

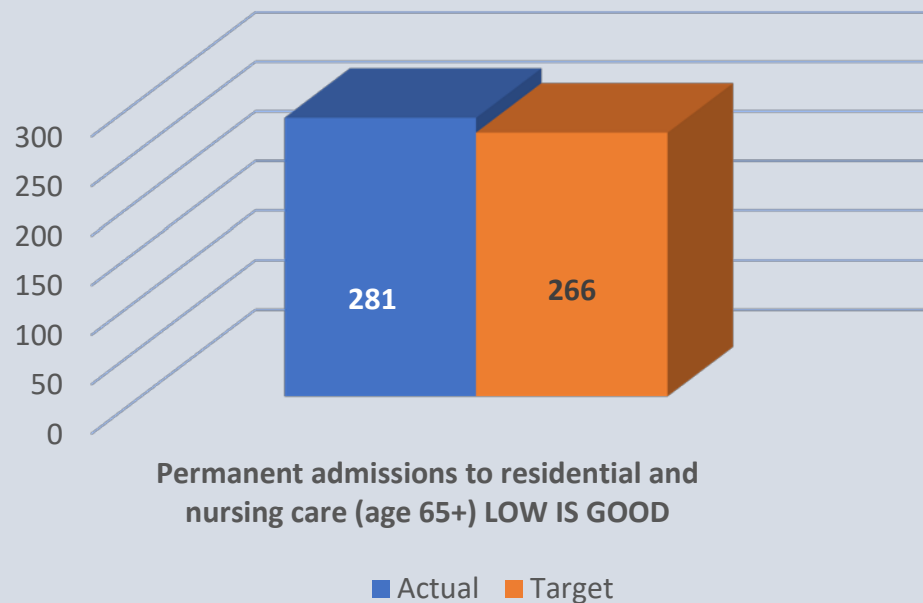


Better Care Fund (Health and Social Care integration)

Better Care Fund national metrics - see also '91 days' measure on slide 4

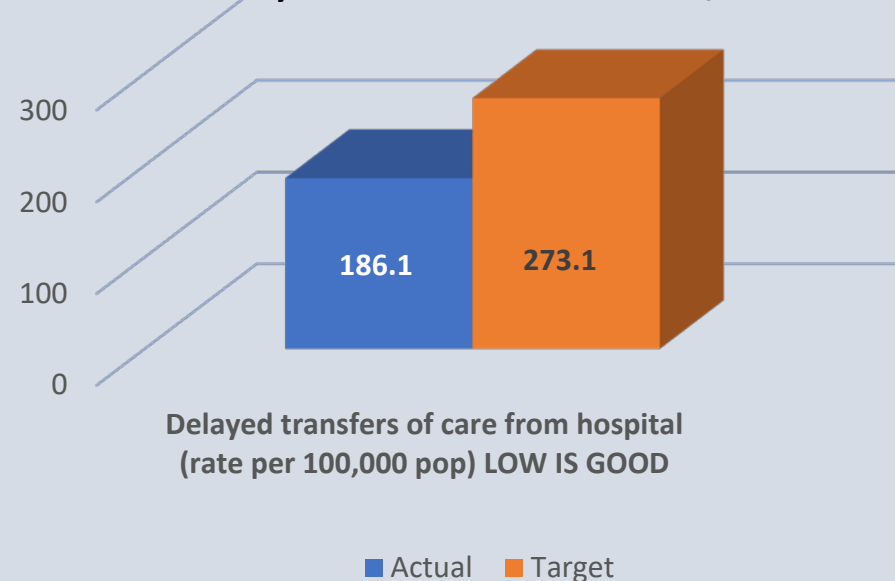
72

Permanent admissions to residential and nursing care (65+) – 2017/18



Permanent admissions to residential and nursing care (age 65+) LOW IS GOOD

Delayed Transfers of Care – 2017/18



Delayed transfers of care from hospital (rate per 100,000 pop) LOW IS GOOD

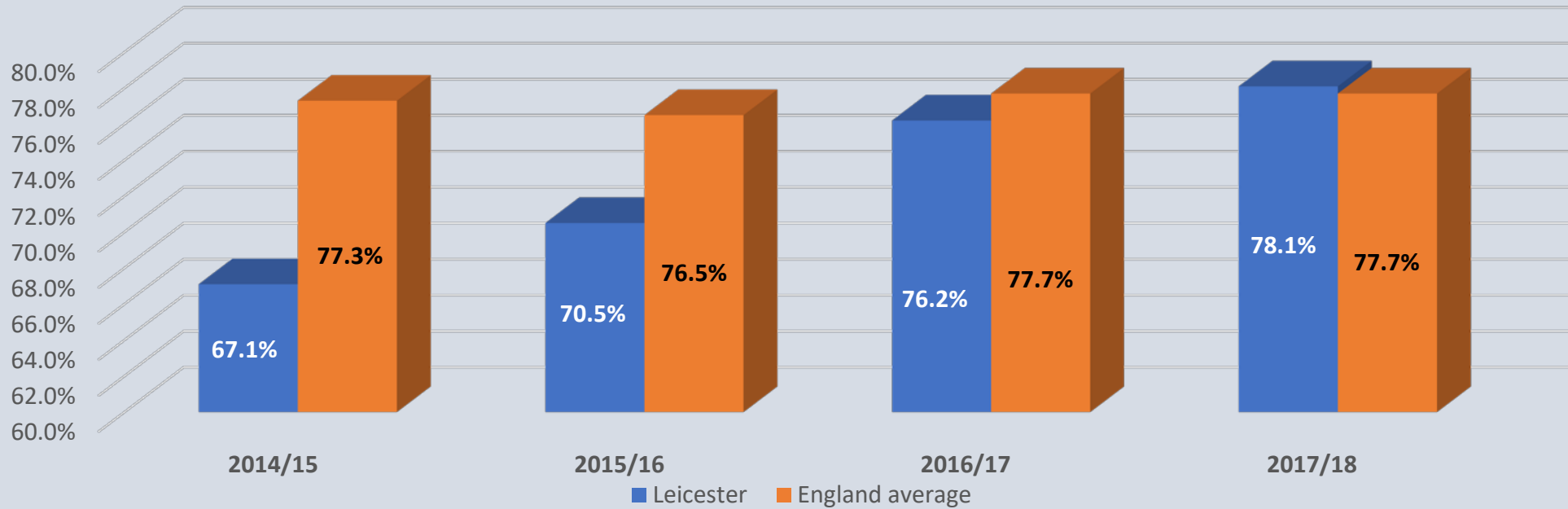
Actual Target

| Permanent admissions to residential and nursing care (65+) | | | | |
|--|---------|---------|---------|--------------------------------|
| 2014/5 | 2015/16 | 2016/17 | 2017/18 | 2018/19 (Q2) |
| 287 | 258 | 282 | 281 | 103 (forecast = 206) |

| Delayed Transfers of Care - ASCOF definition | | | | |
|--|---------|---------|---------|--------------|
| 2014/5 | 2015/16 | 2016/17 | 2017/18 | 2018/19 (Q2) |
| 13.0 | 6.0 | 8.9 | 8.8 | 5.2 |

Choice and control

Proportion of people who use services who have control over their daily life
(ASCOF measure – 1B)

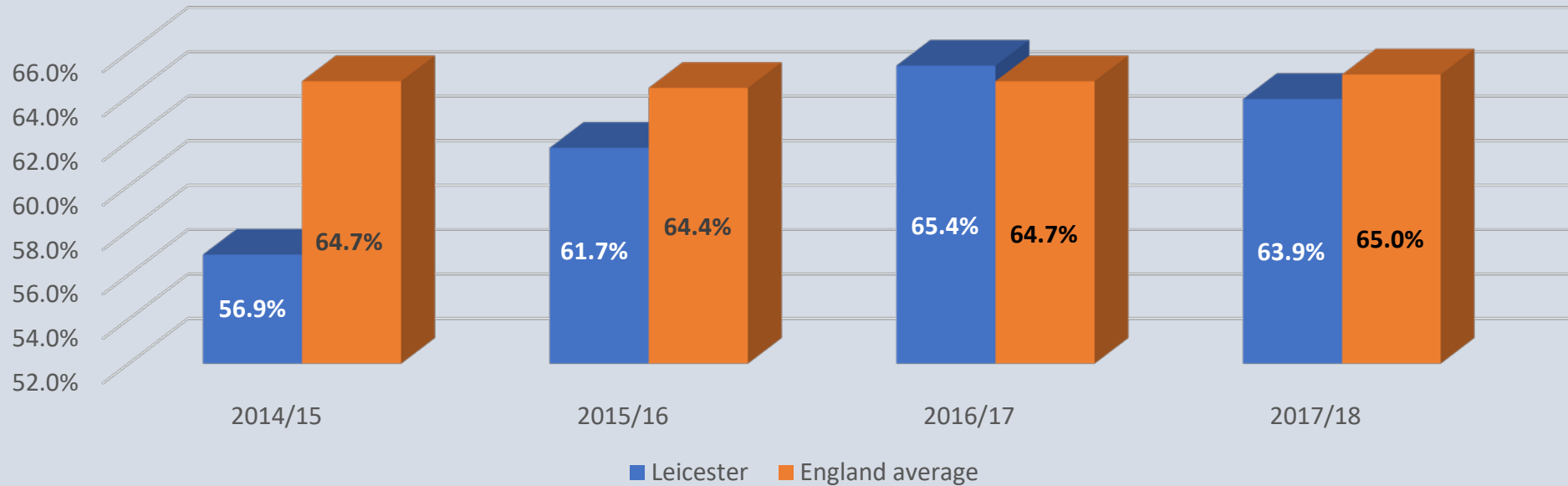


73

| England ranking | | | |
|-----------------|---------|---------|--------|
| 146/150 | 138/150 | 100/150 | 72/150 |

Customer satisfaction












Overall satisfaction of people who use services with their care and support
(ASCOF measure – 3A)























| England ranking | | | |
|-----------------|---------|--------|--------|
| 139/150 | 104/150 | 64/150 | 80/150 |

Adult Social Care Performance: 2018/19 Q2









Adult Social Care Outcome Framework





| Indicator | 2016/17 | 2017/18 (baseline) | 2017/18 Benchmarking | | | 2018/19 Q1 | 2018/19 Q2 | 2018/19 Proposed Target | Rating | Comments |
|--|------------------------|-------------------------------|----------------------|--------------------|--|------------------------|-------------------------------|-------------------------------|---|---|
| | | | England Average | England Ranking | England Rank DoT | | | | | |
| 1A: Social care-related quality of life. | 18.5 | 18.7 | 19.1 | =116/150 |  Up from = 126/150 | N/A | N/A | 18.9 | TBC | 18/19 user survey results available May '19 |
| 1B: Proportion of people who use services who have control over their daily life. | 76.2% | 78.1% | 77.7% | = 72/150 |  Up from 100/150 | N/A | N/A | 80% | From 2016/17  | 18/19 user survey results available May '19 |
| 1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date. | 99.8% (3,689/3,698) | 100% (3,533/3,533) | 89.7% | =1/152 |  Up from = 26/152 | 100% (3,640/3,640) | 100% (3,655/3,655) | 100% |  | |
| 1Cib: Carers receiving self-directed support in the year. | 100% | 100% | 83.4% | =1/152 |  | 100% (85/85) | 100% (90/90) | 100% |  | |
| 1Cia: Service Users aged 18 or over receiving direct payments as at snapshot date. | 46.9% (1,733/3,698) | 50.9% (1,800/3,533) | 28.5% | 5/152 |  Up from 7/150 | 49.3% (1,796/3,640) | 49.0% (1,791/3,655) | 50% |  | |
| 1Cib: Carers receiving direct payments for support direct to carer. | 100% | 100% | 74.0% | =1/152 |  | 100% (85/85) | 100% (90/90) | 100% |  | |

| Indicator | 2016/17 | 2017/18 | 2017/18 Benchmarking | | | 2018/19 Q1 | 2018/19 Q2 | 2018/19 Proposed Target | Rating | Comments | |
|--|--------------------|--------------------|----------------------|--------------------|--|--|--------------------|-------------------------|---|---|--|
| | | | England Average | England Ranking | England Rank DoT | | | | | | |
| 1D: Carer reported quality of life. | 7.2 | N/A | 2016/17 7.7 | 2016/17 130/151 | 2016/17  | N/A | N/A | 7.4 | N/A | 18/19 carer survey results available May '19 | |
| 1E: Proportion of adults with a learning disability in paid employment. | 4.7% (37/785) | 4.5% (35/774) | 6.0% | =81/151 |  Up from 85/151 | 4.4% (33/750) | 4.4% (35/775) | 5% |  | | |
| 1F: Proportion of adults in contact with secondary mental health services in paid employment. | 2.4% (19.5/820) | 1.0% | 7.0% | =146/150 | N/A No data published in 2016/17 | >1.0% | >1% | TBC |  | Data only up to August (no rating against target) DATA QUALITY ISSUES | |
| 1G: Proportion of adults with a learning disability who live in their own home or with their family. | 74.4% (584/785) | 74.9% (580/774) | 77.2 | 105/151 |  Down from 97/152 | 72.9% (547/750) | 73.3% (568/775) | 75% |  | | |
| 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support. | 36.6% (300/820) | 30% | 57% | 137/152 | N/A No data published in 2016/17 | 18% | 3% | TBC |  | Data only up to August (no rating against target) DATA QUALITY ISSUES | |
| 1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like. | Users | 35.9% | 43.0% | 46.0% | 110/150 |  Up from 148/150 | N/A | N/A | 44% | N/A | 18/19 user survey results available May '19 |
| | Carers | 31.0% | No carers survey | 2016/17 35.5% | 2016/17 105/151 | 2016/17  | N/A | N/A | 32% | N/A | 18/19 carer survey results available May '19 |
| 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services. | 0.367 | 0.404 | 0.405 | 84/150 |  Up from 133/150 | N/A | N/A | 0.407 | N/A | | |

| Indicator | 2016/17 | 2017/18 | 2017/18 Benchmarking | | | 2018/19 Q1 | 2018/19 Q2 | 2018/19 Proposed Target | Rating | Comments | |
|---|--------------------------|-------------------------|-----------------------------|-----------------|---|---|-----------------------------|-----------------------------|---|--|--|
| | | | England Average | England Ranking | England Rank DoT | | | | | | |
| 2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good) | 18.12 40 admissions | 14.5 33 admissions | 14.0 | = 96/152 |  Up from =121/150 | 4.81 11 admissions | 9.20 21 admissions | 35 admissions |  | Cumulative measure: Position at Q2 2017/18 – 13 Forecast based on Q2 = 42 admissions / 15.6 per 100,000 | |
| 2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good). | 704.04 282 admissions | 703.0 281 admissions | 585.6 | 110/152 |  Down from 99/152 | 139.63 58 admissions | 281.68 117 admissions | 254 admissions |  | Cumulative measure: Position at Q2 2017/18 - 125 Forecast based on Q2 = 234 admissions / 563.37 (BCF target) | |
| 2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. | Statutory | 91.3% | 87.6% (162/185) | 82.9 | = 47/150 |  Down from =22/152 | N/A | N/A | 92% | N/A | Statutory measure counts Oct – Dec discharges (BCF Target) |
| | Local | 92.3% | 85.4% (695/814) | N/A | N/A | N/A | 86.0% (172/200) | 86.5% (346/400) | 90% |  | Local measure counts full year |
| 2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital. | Statutory | 2.5% | 2.8% (185/6,496) | 2.9% | = 82/152 |  Down from 64/152 | N/A | N/A | 3.1% | N/A | Statutory counts Oct – Dec discharges |
| | Local | 2.7% | 3.2% (814 in reablement) | N/A | N/A | N/A | 3.3% (200 in reablement) | 3.3% (400 in reablement) | 3.5% |  | Rate calculated using 2015 live hospital discharge data as a proxy due to this data no longer being made available to local authorities. |
| 2Ci: Average number of delayed transfers of care (Total) per 100,000 pop. (Low is good) | 9.0 | 8.7 | 12.3 | = 62/152 |  Down from 46/152 | 5.0 | 5.2 | 7.8 |  | | |

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| Indicator | 2016/17 | 2017/18 | 2017/18 Benchmarking | | | 2018/19 Q1 | 2018/19 Q2 | 2018/19 Proposed Target | Rating | Comments |
|---|---------|------------------|----------------------|-----------------|--|------------|------------|-------------------------|---|--|
| | | | England Average | England Ranking | England Rank DoT | | | | | |
| 2Cii: Average number of delayed transfers of care attributable to Social Care per 100,000 pop. (Low is good) | N/A | 0.6 | 4.3 | =16/152 | N/A New measure for 2017/18 | 0.2 | 0.2 | 0.4 |  | |
| 2Ciii: Average number of delayed transfers of care jointly attributable to NHS and Social Care per 100,000 pop. (Low is good) | 2.9 | 1.9 | 0.9 | 142/152 |  Down from 47/152 | 0.9 | 0.7 | 0.8 |  | |
| 2D: The outcomes of short-term services (reablement) – sequel to service | 61.9% | 69.8% | 77.8 | 106/152 |  Up from 127/152 | 68.3% | 71.7% | 71.5% |  | |
| 3A: Overall satisfaction of people who use services with their care and support. | 65.4% | 63.9% | 65.0% | 80/150 |  Down from 64/150 | N/A | N/A | 65.2% | N/A | 18/19 user survey results available May '19 |
| 3B: Overall satisfaction of carers with social services. | 43.5% | No carers survey | 2016/17 39% | 2016/17 24/151 | 2016/17  | N/A | N/A | 43.5% | N/A | 18/19 carer survey results available May '19 |
| 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for. | 70.7% | No carers survey | 2016/17 70.6% | 2016/17 70/151 | 2016/17  | N/A | N/A | 72% | N/A | 18/19 carer survey results available May '19 |

| Indicator | | 2016/17 | 2017/18 | 2017/18 Benchmarking | | | 2018/19 Q1 | 2018/19 Q2 | 2018/19 Proposed Target | N/A | Comments |
|--|--------|---------|-------------------------|----------------------|--------------------|--|------------|------------|-------------------------|-----|--|
| | | | | England Average | England Ranking | England Rank DoT | | | | | |
| 3D: The proportion of service users and carers who find it easy to find information about services. | Users | 67.4% | 70.5% | 73.2% | = 109/150 |  Up from 142/150 | N/A | N/A | 72% | N/A | 18/19 user survey results available May '19 |
| | Carers | 57.3% | <i>No carers survey</i> | 2016/17 64.2% | 2016/17 134/151 | 2016/17  | N/A | N/A | 59.5% | N/A | 18/19 carer survey results available May '19 |
| 4A: The proportion of service users who feel safe. | | 65.4% | 66.1% | 69.9% | 120/150 |  Up from 125/150 | N/A | N/A | 67% | N/A | 18/19 user survey results available May '19 |
| 4B: The proportion of people who use services who say that those services have made them feel safe and secure. | | 77.6% | 86.7% | 86.3% | = 78/150 |  Up from 139/150 | N/A | N/A | 86.5% | N/A | 18/19 user survey results available May '19 |

Including historic survey-based measures (i.e. last known DoT):

| | | | |
|---|---|--|--|
| Improvement from baseline - 19  | No significant change from baseline - 4  | Deterioration from baseline - 6  | N/A - No data on which to make a judgement on performance - 2  |
|---|---|--|--|

Not including historic survey-based measures (i.e. DoT from 2017/18 baseline):

| | | | |
|---|--|---|--|
| Improvement from baseline - 8  | No significant change from baseline - 4  | Deterioration from baseline - 3  | N/A - No data on which to make a judgement on performance - 16  |
|---|--|---|--|

Adult Social Care Scrutiny Commission Report

Draft Joint Health and Social Care Learning
Disability Strategy
and
Consultation Arrangements

Lead Assistant Mayor: Cllr Vi Dempster
Lead Strategic Director: Steven Forbes
Date: 22nd January 2019

Useful information

- Ward(s) affected: All
- Report author: Tom Elkington
- Author contact details: Tom.Elkington@leicester.gov.uk /376268
- Report version number: 1

1. Purpose

- 1.1. To provide the Adult Social Care Scrutiny Commission with a draft copy of the Joint Health & Social Care Learning Disability Strategy as detailed at Appendix 1.
- 1.2. To seek comment/feedback on the draft strategy and the consultation materials as detailed at Appendix 2.

2. Summary

- 2.1. The existing learning disability strategy expires on 31.3.2019 and a new strategy has been co-produced with members of the Learning Disabilities Partnership Board, the We Think Group and other stakeholders.
- 2.2. This strategy details the strategic priorities which will improve the lives of people with a learning disability and supports the statutory duties placed upon the local authority and the local clinical commissioning group.
- 2.3. It also reflects the relevant legislation and other guidance.
- 2.4. A 12-week consultation exercise is proposed, which will commence on 25th January 2019 and end on 18th of April 2019 to ensure it reflects the views of the wider learning disabilities community and other relevant stakeholders.
- 2.5. A further report will be presented to Adult Social Care Scrutiny commission detailing the findings of the consultation exercise.
- 2.6. The strategy will be underpinned by a delivery plan and its delivery will be overseen by the Learning Disability Partnership Board.

3. Recommendations

- 3.4. The Adult Social Care Scrutiny Commission is recommended to:
 - a) note the draft Joint Health and Social Care Learning Disabilities Strategy and to provide comment/feedback
 - b) note and provide comment/feedback on the consultation material

4. Background Information

- 4.1. It is estimated that the number of people with a learning disability living in the city is increasing. There are approximately 5500 people aged between 18

and 64, and 860 people aged over 64, and the number of children being diagnosed with a learning disability and or Autism is also increasing. The increase can be attributed to improved health care which means this group are surviving for longer when compared to the past.

- 4.2. Therefore, it is essential services are in place across health and social care, which support individuals to achieve improved life outcomes. This includes access to good health care and opportunities which allow them to live independently in the community and to participate in mainstream activities, such as employment and training.
- 4.3. The Learning Disability Partnership Board have worked with a range of partners to coproduce the draft strategy, starting from April 1st 2019 until March 31st 2022. The draft is attached at Appendix 1.
- 4.4. The strategy also reflects the requirements of the Care Act 2014, Children and Families Act 2014, NHS 10 year plan (2019) and the Transforming Care Programme. Other key pieces of health legislation and guidance include the NICE quality standards, STOMP (stopping the overmedication of people with learning disability) and the learning disability mortality review (LeDeR) annual report.
- 4.5. It is proposed to undertake a 12 week consultation exercise to seek the views of a range of stakeholders and the general public. The consultation exercise aims to determine if the Learning Disability Strategy reflects:
 - Core duties for health and social care in terms of legislation, statutory guidance and best practice
 - Key priorities for 2019/22
 - Specific areas for action
 - Desired outcomes for 2019/22
 - How we will deliver these outcomes
- 4.6 There are a number of methods that will be used to support the consultation exercise, these include:
 - Questionnaire available online through the consultation hub and will pose specific questions relating to the strategy and actions.
 - An easy read version of the strategy and questionnaire will also be available.
 - Public consultation meetings will be held with relevant stakeholders. These will be undertaken by representatives from the Learning Disability Partnership Board to seek views and to facilitate open debate. (See appendix 4)
- 4.7 The findings of the consultation exercise will be incorporated into the strategy as appropriate and then it will be signed off and officially launched.
- 4.8 The implementation of the delivery plan and oversight of the strategy will be the responsibility of the Leicester Learning Disability Partnership Board.

Consultation timelines

- 4.9 To ensure meaningful consultation, a 12-week exercise is proposed

beginning on 25th January 2019 and ending on 18th April 2019.

Consultation methods

4.10 Consultation will include a survey on LCC citizens space and, if agreed, Leicester City Clinical Commissioning Group (CCG) will need to support this process by providing a link from their web platform to the Local Authority consultation pages.

4.11 The stakeholder partners from the Learning Disability Partnership Board, the We Think Group and Healthwatch will be approached to help support direct consultation with targeted services user groups.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications arising from this report.
Martin Judson, Head of Finance

5.2 Legal implications

This report rightly identifies that consultation needs to be meaningful. This includes the need to be informative as to the proposals/ materials and detail shared with the consultees.

The suggested 12 week timeline for consultation is reasonable and there is no prohibition on such a consultation running into the purdah period. Impact is considered nominal based on the proposed nature of the consultation.

Pretty Patel, Head of Law, Social Care & Safeguarding Tel: 0116 454 1457

5.3 Climate Change and Carbon Reduction implications

N/A

5.4 Equalities Implications

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

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

Partners involved in the development of the Integrated Joint Social Care Learning Disability Strategy for 2019/22. are also subject to the Public-Sector Equality Duty.

In order to demonstrate that the consideration of equalities impacts has been taken into account in the development of the strategy and in particular the strategic delivery plan it is recommended that an Equalities Impact Assessment is undertaken in order to inform the decision-making process. The Equality Impact Assessment is an iterative document which should be revisited throughout the decision-making process and should also take into account any consultation findings.

The consultation needs to be designed to explore implications and areas of focus from an equalities perspective and be accessible for all of Leicester's diverse communities and people from across all protected characteristics.

The Equality Impact Assessment and consultation findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the Public-Sector Equality Duty, and to further inform the development of proposals including the delivery plan and any potential mitigating actions if a disproportionate negative impact for any protected characteristics is identified.

Equalities Officer Surinder Singh Tel 37 4148

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

None

6. Background information and other papers:

None

7. Summary of appendices:

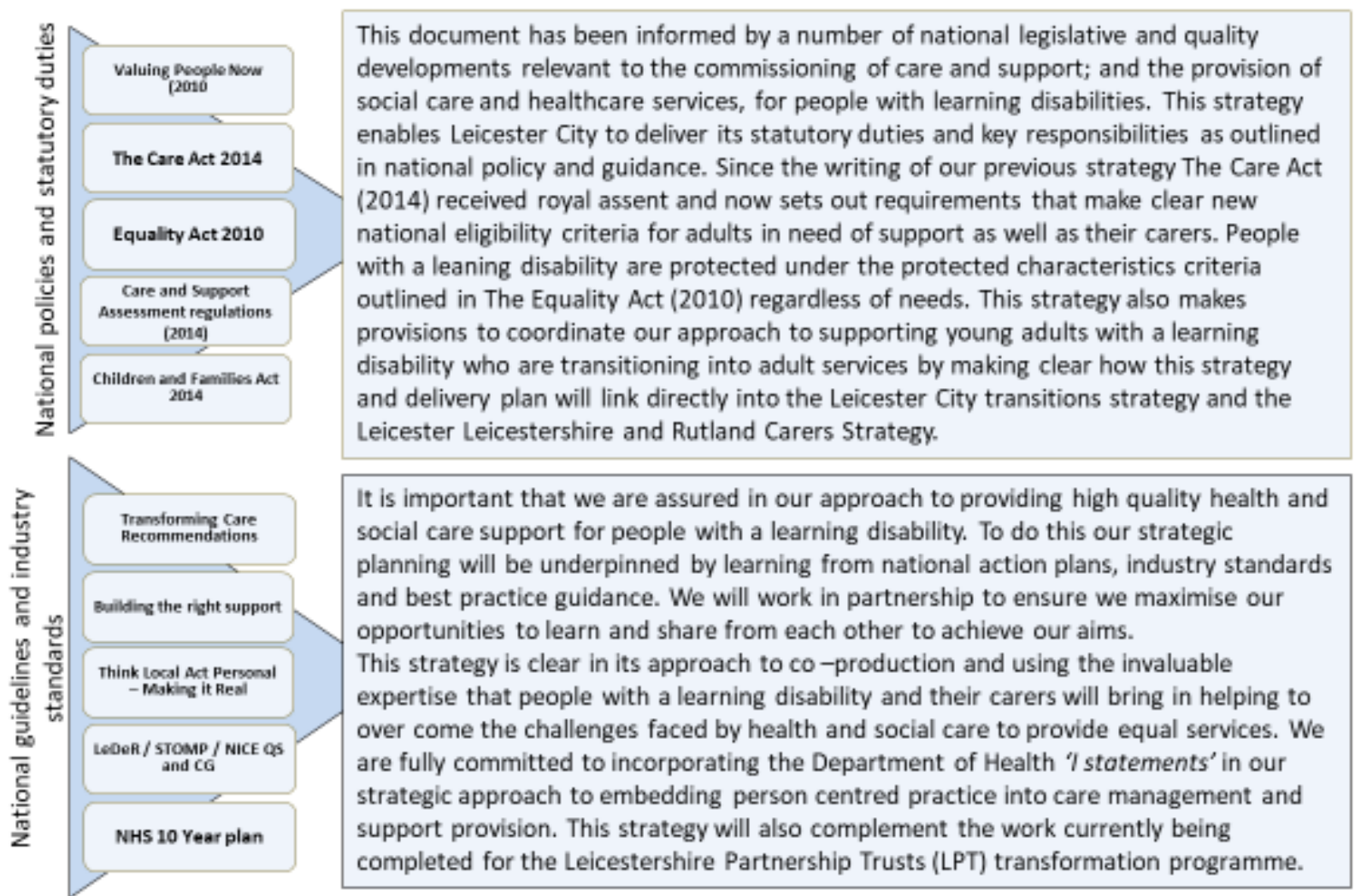
Appendix 1: Draft Joint Health and Social Care Learning Disability Strategy

Appendix 2: Draft Consultation Materials and questions

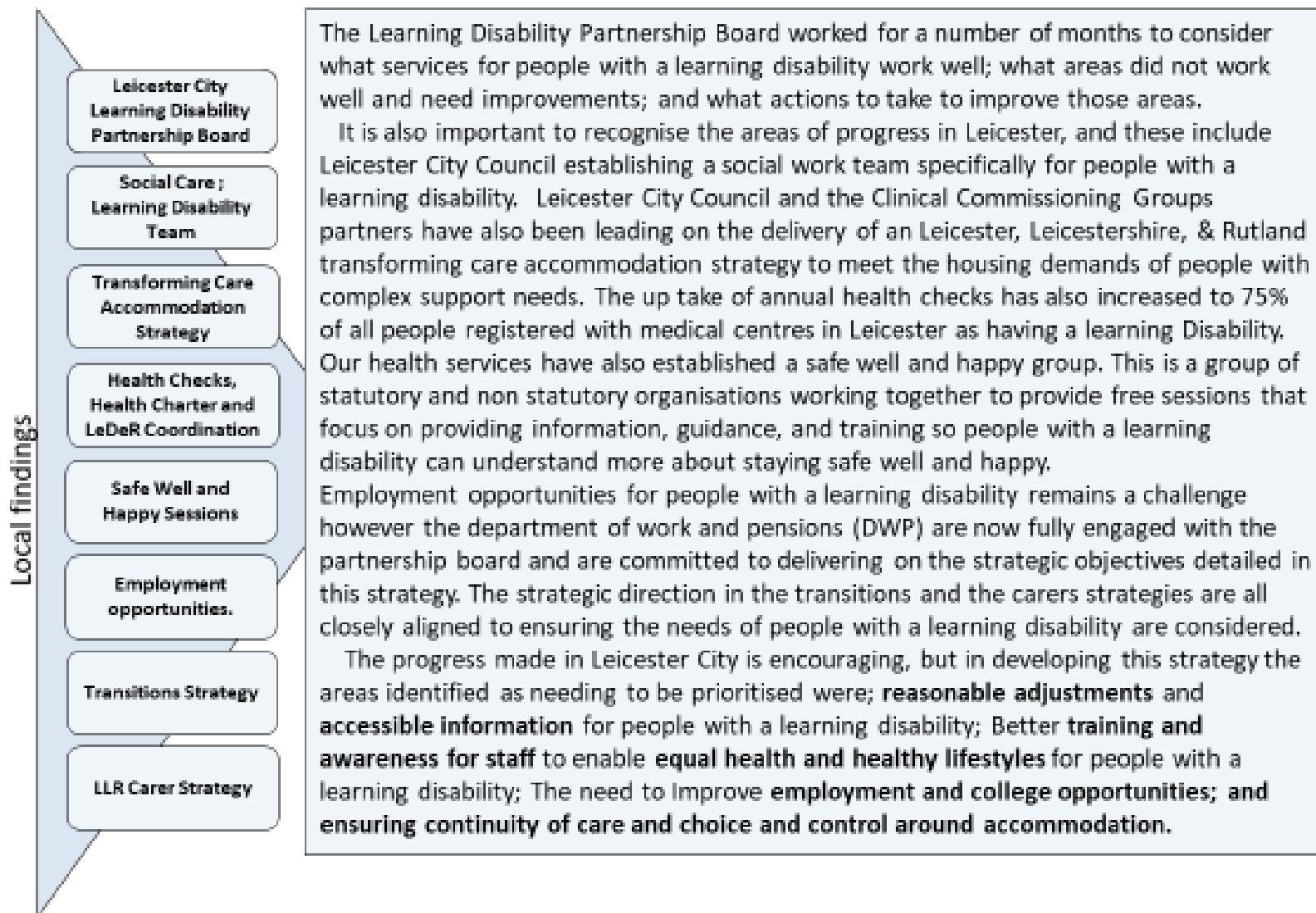
**Leicester City
Joint Health and Social Care Learning
Disability Strategy
2019-2022**

DRAFT v .3

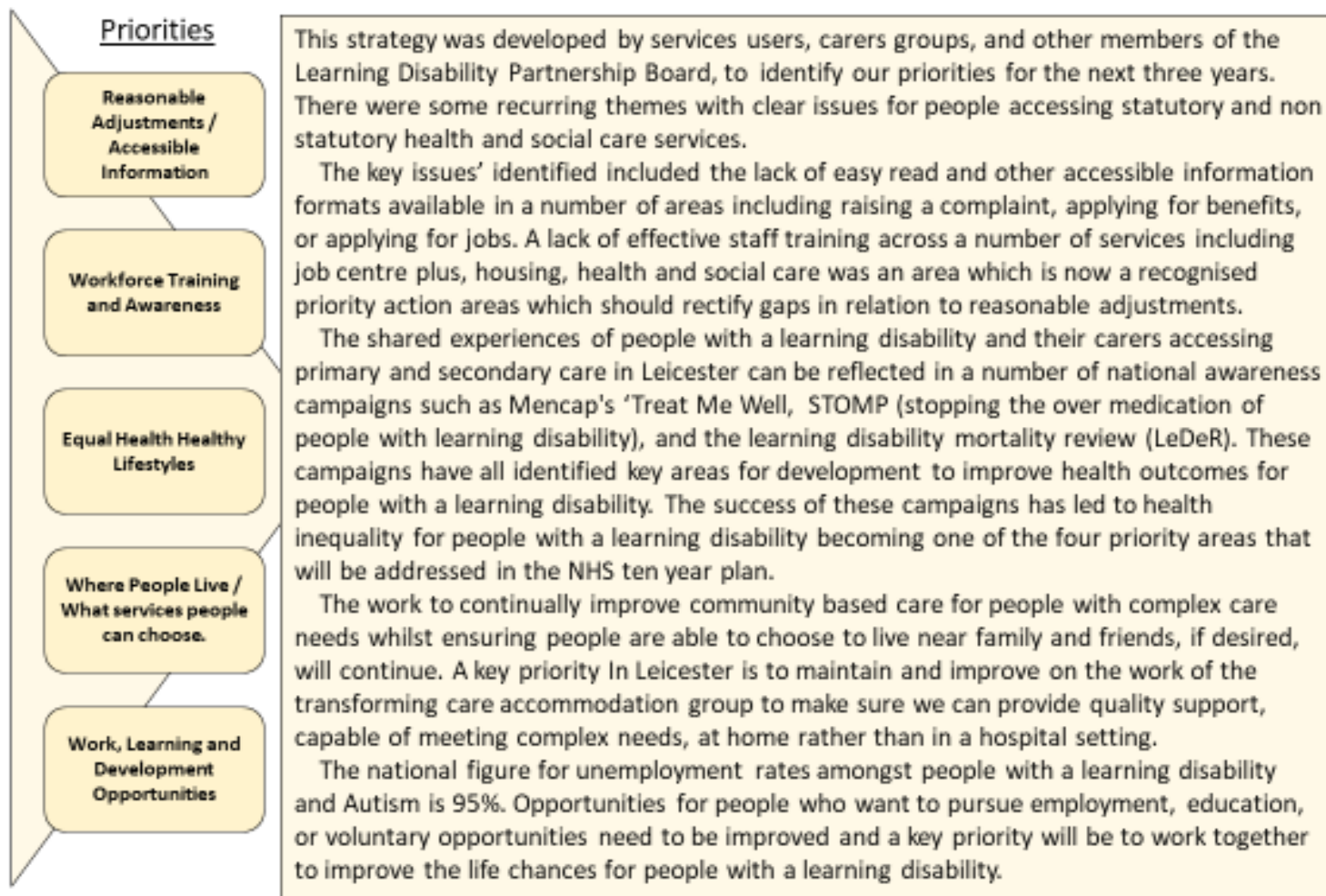
1. What are the things we need to achieve?



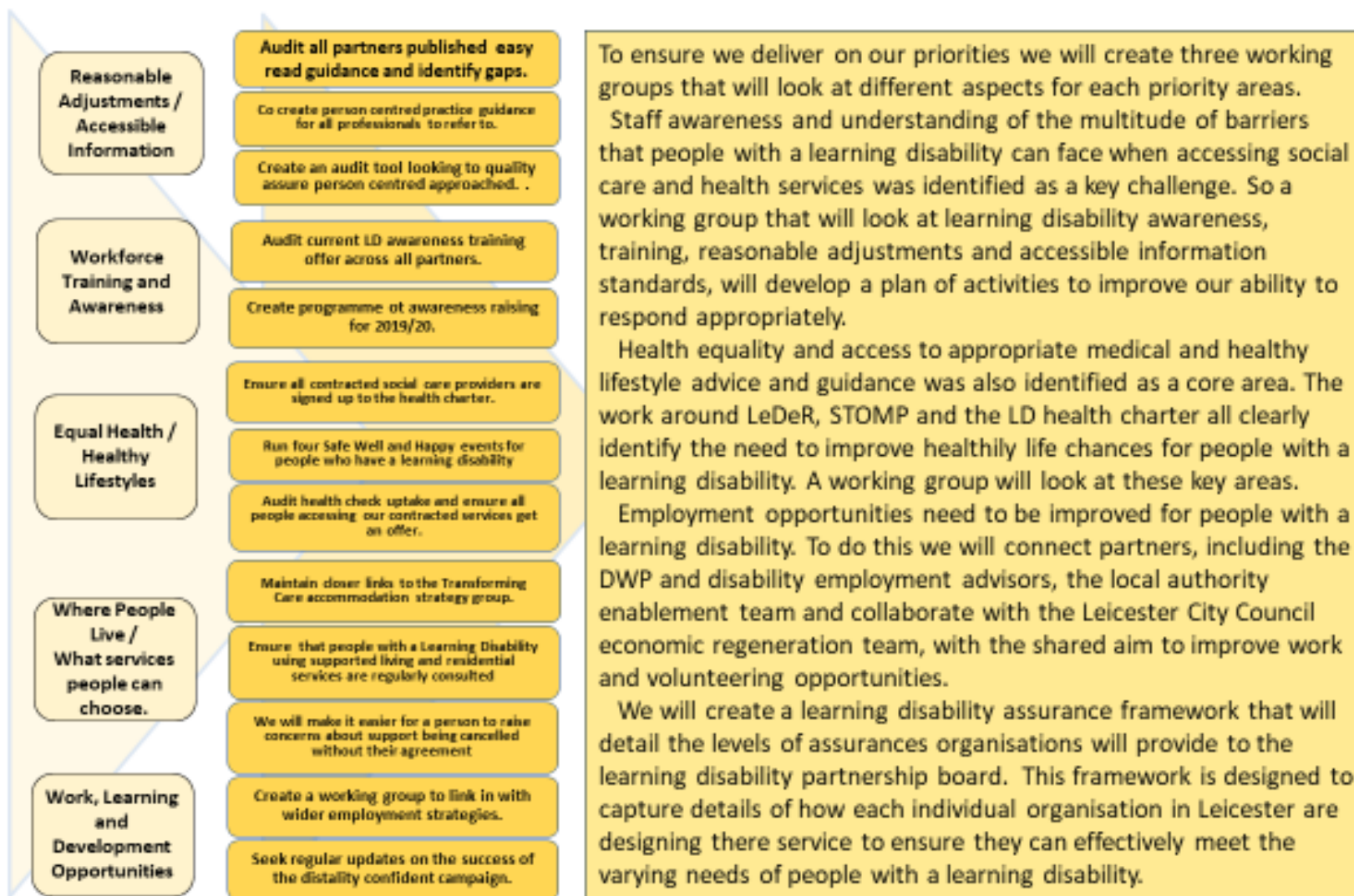
2. What do we know about how well we are progressing?



3. What are our priorities for the next 3 years?



4. What we will do to achieve our priorities?



5. Actions and responsible working groups

| Actions / Assurances | Assurance Framework | Health Task Group | Employment Opportunity Group | LD Awareness Group | Autism Delivery | TCP | Carers |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Audit all partners published easy read guidance and identify gaps. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Co create person centred practice guidance for all professionals to refer to. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Create an audit tool looking to quality assure person centred approached. . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Audit current LD awareness training offer across all partners. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Create programme of awareness raising for 2019/20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure all contracted social care providers are signed up to the health charter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Run four 'Safe Well and Happy' events for people who have a learning disability | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Audit health check uptake and ensure all people accessing our contracted services get an offer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintain closer links to the transforming Care accommodation strategy group. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure that people with and LD using supported living and residential services are regularly consulted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| We will make it easier for a person to raise concerns about support being cancelled without their agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Create a working group to link in with wider employment strategies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Seek regular updates on the success of the distality confident campaign. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. What will be different once our priorities have been achieved?

All people with an LD will have information that is easier to understand

Person centred practice will be consistent across health and social care services.

Person centred practices will be at the core of all social care and health support planning.

LDPB will be able to seek assurances on the embedding and uptake of training and identify gaps and areas that must improve.

People with a learning disability will be at the heart of awareness raising.

Health care will be a high priority when quality assessing contracted providers.

Community venues will be used to provide important health and well being advice.

Health checks updates will increase over the lifetime of this strategy.

Care providers for people with complex needs will be supported to do this well.

Wider housing strategies and services will include meeting the varying needs of people with LD

Complaints procedures will be accessible to people with a learning disability.

There will be an increase in employment and voluntary opportunities.

Disability confident employers will offer more opportunities to people with an LD can

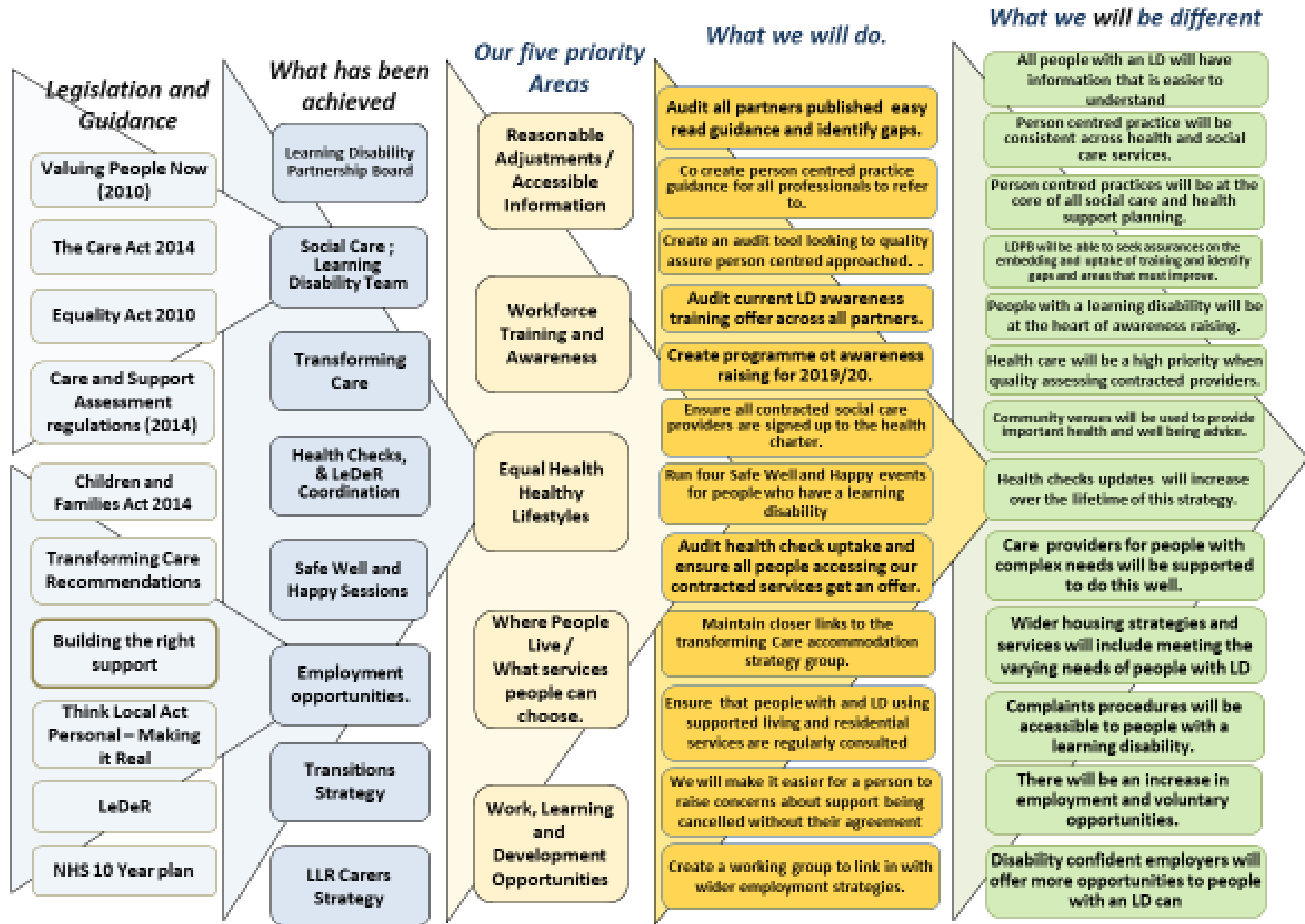
This strategy outlines the commitment of the local authority social care and education department and Leicester City Clinical Commissioning Group, along with all other partners of the Learning Disability Partnership Board.

This section details what will be different once we have embedded the actions within this strategy. Although it is important to stress that the list of outcomes is not the limit of our ambitions. Our plans and desired outcomes will adapt in line with changes to national legislation, key guidance and any national action plans during the life time of this strategy.

Underpinning the delivery plan for each area of work will be a Learning Disability Assurance Framework document. This will detail how all organisations will provide data and information to demonstrate effective and proportionate embedding of the strategic action plan, core legislation, and national health priorities.

This data will be collated from single organisations and will be tested against the lived experiences of those who access health and social care services as a user or as a carer, this will include data from the ASCOF returns and NHS digital data around health checks and other related issues.

Each year we will write an annual report detailing our progress Where the Learning Disability Partnership Board seeks assurances around the quality of services for people with a learning disability and is not suitably assured then concerns can be escalated to the **Leicester, Leicestershire and Rutland Learning Disability Delivery Board**.



Leicester City Joint Health and Social Care Learning Disability Strategy 2019-2022

Consultation Exercise Draft 1

This DRAFT Joint Health and Social Care Learning Disability Strategy 2019-2022 in Leicester City aims to improve services and people's experience of them.

We have a legal duty to write a 'strategy' and deliver a plan that will improve services for people with a learning disability. This includes having a good understanding of what we should change about the way we work in order to meet the needs of people with a learning disability.

Learning disabilities are conditions that affects the way a person understands information and how they communicate.

A learning disability can be mild or severe and can impact people in many different ways. It can cause a difficulty:

- understanding new or complex information
- learning new skills
- coping independently.

Laws in England that also say what must be done to make sure people with a learning disability are valued and have the same opportunities as other people.

This strategy includes things that we think should happen to make life better and ensure that people with a learning disability have equal rights.

This strategy outlines what we will do to make sure people with a learning disability can have safe well and happy life.

The strategy has been produced by all partners of the Learning Disability Partnership Board (LDPB), including people who have a learning disability, family members, family care providers, paid care providers and other professionals who work with people who have a learning disability.

Why We Are Consulting

When there are many pressures on funding it is important that we focus our resources on those who need the most support.

We must also continue to provide services for people with nominal support needs to help improve or maintain their health, wellbeing and independence.

We want this strategy to provide the best support and services we can, so we need to involve those people who use services, provide services, and those that support others to access services.

This is a DRAFT joint health and social care strategy and it details what we will do and our priorities for the next three years.

This is your opportunity to tell us what you think and if we have got our plans right? Do we need to change anything? Is there anything we have missed?

Joint Learning Disability Commissioning Strategy (Plan) Easy read Consultation questions



The Plan (The Vision for equal services for people with a Learning Disabilities)

Question 1: Please use the box below to tell us what you think about the Plan.



Social Care

Question 1: Do you agree with what we have said about **Social Care**?

Yes No

Question 2: Is there anything else you would like to say about **Social Care**?



Housing and accommodation

Question 1: Do you agree with what we have said about **Housing and Accommodation**?

Yes No

Question 2: Is there anything else you would like to say about **Housing and Accommodation**?



Equal Healthcare

Question 1: Do you agree with what we have said about **Equal healthcare**?

Yes No

Question 2: Is there anything else you would like to say about **Equal Healthcare**?



Healthy Lifestyles

Question 1: Do you agree with what we have said about healthy lives?

Yes No

Question 2: Is there anything else you would like to say about **healthy lifestyles**?



Work, College and Money

Question 1: Do you agree with what we have said about **Work, College and Money**?

Yes No

Question 2: Is there anything else you would like to say about **Work, College and Money**?

Becoming an adult



Question 1: Do you agree with what we have said about becoming and adult?

Yes No

Question 2: Is there anything else you would like to say about **Preparing for Adulthood**



Support for our carers

Question 1: Do you agree with what we have said about support for our carers?

Yes No

Question 2: Is there anything else you would like to say about support for our carers.



Anything else.

Is there anything else you would like to say.

Please return the above to

Tom Elkington

Business Change Commissioning Manager

Strategic Commissioning Team

Social Care & Education

Leicester City Council

Bosworth House

9 - 15 Princess Road West,

LE1 6TH

We are also happy to come out and meet with any groups that would like to get involved or that would prefer to talk about the strategy rather than completing the online questions.

If you would like someone to come out to your group please contact

ben.smith2@leicester.gov.uk

DRAFT

Appendix F

Adult Social Care Scrutiny Commission

ASCOF Benchmarking 2017/18

Date: 22nd January 2019

Lead Director: Steven Forbes



Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

1. Summary

- 1.1 This report presents the full picture of our performance for the Adult Social Care Outcome Framework in 2017/18, following publication of the national report by NHS Digital on 23rd October 2018. The report covers both our local time series performance and our position compared to the other local authorities in England with social care responsibilities.
- 1.2 The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.
- 1.3 The ASCOF measures use data from four main sources: the SALT collection; the ASC User Survey; the ASC Carer Survey; and the Mental Health Minimum Data Set. Submission of data for the ASCOF is mandatory and allows for both benchmarking and local trend analysis. ASCOF compliments the NHS and Public Health outcome frameworks.
- 1.4 The national headlines from the report were that:
- 1A: Social care-related quality of life
- Younger adults (aged 18 to 64) reported a higher quality of life score (19.5) than those aged 65 and over (18.9), this difference is statistically significant.
 - The overall Social Care-related quality of life score at England level was 19.1 out of a maximum score of 24.
- 1E: Proportion of adults with learning disabilities in paid employment
- The proportion of adults with learning disabilities in paid employment is 6.0 per cent. This has increased from 5.7 per cent in 2016-17.
 - The proportion of adults with a learning disability in paid employment varies across each region in England. London (7.5 per cent) and Eastern (7.5 per cent) have the highest proportion, North West, East Midlands and West Midlands have the lowest proportion of adults with a learning disability in paid employment at 4.3 per cent.
- 1I(1): Proportion of people who use services who reported that they had as much social contact as they would like
- A higher proportion of service users aged 18 to 64 reported having as much social contact as they would like (49.2 per cent) compared to those aged 65 and over (44.0 per cent).
- 2C: Delayed transfers of care from hospital, and those which are attributable to social care or jointly to social care and the NHS, per 100,000 population
- At England level the rate of delayed transfers of care was 14.3 per 100,000 population. Due to a change in methodology this figure is not comparable with previous years
 - Measure 2C(2) now includes only those delayed transfers of care that are attributable to adult social care. The rate for 2017-18 was 4.9 per 100,000 population
 - A new measure, 2C(3), records delays that are jointly attributable to the NHS and social care. The rate for 2017-18 was 1.1 per 100,000 population
- 1.5 Our performance has generally been very positive over 2017/18 and consolidates year on year improvement for us in Leicester. There is much to celebrate in this improvement journey, particularly when we consider the pressures facing adult social care across the country and the challenges presented by the social and

economic context in which we operate in Leicester.

- 1.6 However, we need to acknowledge that our performance has deteriorated for a small number of measures during the 2017/18 and we continue to have a low national ranking for some measures (not necessarily the same ones).

2. Recommendations

- 2.1 The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in this report.

3. Report

- 3.1 Leicester's ASCOF scores for 2017/18 are overall very positive. The following table summarises our 2017/18 position when compared to our performance in 2016/17.

| Leicester's 2017/18 ASCOF Scores Compared to 2016/17 | |
|--|----|
| Measures where score improved | 15 |
| Measures where score unchanged | 2 |
| Measures where score worsened | 6 |
| N/A | 5 |

- 3.2 This means that for those measures where we can compare scores, 65% showed improvement. If we discount the two unchanged scores (both 100%, with no scope for improvement) we have an overall improvement rate of 71%.
- 3.3 Three of the six measures where our score worsened relate to people with learning disabilities and mental health conditions in employment and stable accommodation. Two of these were the mental health measures where we have previously flagged up concerns about data quality. The two reablement measures used for BCF purposes also worsened, although it should be noted that they have historically been areas of very strong performance. Overall satisfaction of people who use services with their care and support also reduced in 2017/18 following a particularly good score in 2016/17.
- 3.4 The following table summarises our position in the ranking of England councils when compared to 2016/17.

| Leicester's 2017/18 National Ranking Compared to 2016/17 | |
|--|----|
| Measures where ranking improved | 12 |
| Measures where ranking unchanged | 2 |
| Measures where ranking worsened | 7 |
| N/A | 7 |

- 3.5 The full set of ASCOF scores for Leicester in 2017/18, with comparator data for 2016/17 including national ranking, can be seen in **Appendix 1** of this report.
- 3.6 This outcome is broadly similar to last year and reflects continued improvement over recent years. In 2017/18 we have seven measures where we are amongst the worst 50 performing councils in England. In 2013/14 the number of measures in this position was 15.
- 3.7 Charts showing an overview of our national ranking for each measure over the period 2014/15 – 2017/18 can be seen in **Appendix 2** of this report.
- 3.8 The following table summarises this longer-term improvement journey by comparing the spread of measures across the performance quartiles of councils in England between 2013/14 and 2017/18. Quartiles

are used to divide a range of data or population into four equal parts.

| Leicester's National Ranking by Quartile | | |
|--|---------|---------|
| Percentage of measures in each quartile | 2013/14 | 2017/18 |
| 1 st (top) Quartile | 5% | 21% |
| 2 nd Quartile | 23% | 12% |
| 3 rd Quartile | 14% | 46% |
| 4 th (bottom) Quartile | 59% | 21% |

3.9 In summary, we have clearly seen marked improvement in performance on the ASCOF measures in recent years. There have been some exceptions, but we are seeing an overall year on year improvement in our performance which has been reflected in our position in the ranking of England councils. However, this must be seen in the context of our relatively poor position in the first few years in which ASCOF was in place. It is fair to say that we have moved from being one of the worst performing councils in England to a 'comfortable mid-table' position. Given the tough social and economic context in which we operate in Leicester, it is probably reasonable to accept that we are not likely to move to a position of being a top performing council, however if we maintain our commitment to continuous improvement there is every possibility that we can continue to improve the quality of life of our service users and carers, which will in turn impact positively on the city as a whole.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications associated with this report.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext: 37 2284

4.4 Equalities Implications

The Framework measures the success of the adult social care system in delivering personalised care and support that promotes people's independence and ensures that people have a positive experience of their care and support. Our performance has generally been very positive over 2017/18 and consolidates year on year improvement for Leicester. The indicators that have shown a decrease, are the protected characteristics of disability (learning disabilities and mental health) and age (older people) as defined by the Equality Act 2010, these will need to be monitored on an ongoing basis by the relevant services.

Sukhi Biring, Equalities Officer (Ext. 374175)

4.5 Other Implications














None

5. Background information and other papers: None













6. Summary of appendices:












Appendix 1 - ASCOF 2017/18 National Benchmarking

Appendix 2 - ASCOF Scores England ranking 2014/15 – 2017/18

| ASCOF – 2017/18 National Benchmarking | | | | | | | | |
|--|---------|----------------------|-----------------|---|------------------|----------------------|-----------------|--|
| Indicator | 2016/17 | 2016/17 Benchmarking | | | 2017/18 | 2017/18 Benchmarking | | |
| | | England Average | England Ranking | England Rank DoT | | England Average | England Ranking | England Rank DoT |
| 1A: Social care-related quality of life. | 18.5 | 19.1 | =126/150 |  From 147/150 | 18.7 | 19.1 | =116/150 |  Up from = 126/150 |
| 1B: Proportion of people who use services who have control over their daily life. | 76.2% | 77.7% | 100/150 |  From 138/150 | 78.1% | 77.7% | = 72/150 |  Up from 100/150 |
| 1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date. | 99.8% | 89.4% | =28/152 |  From 31/152 | 100% | 89.7% | =1/152 |  Up from = 26/152 |
| 1Cib: Carers receiving self- directed support in the year. | 100% | 83.1% | =1/150 |  | 100% | 83.4% | =1/152 |  |
| 1Ciia: Service Users aged 18 or over receiving direct payments as at snapshot date. | 46.9% | 28.3% | 7/152 |  From 8/152 | 50.9% | 28.5% | 5/152 |  Up from 7/150 |
| 1Ciib: Carers receiving direct payments for support direct to carer. | 100% | 74.3% | =1/150 |  | 100% | 74.0% | =1/152 |  |
| 1D: Carer reported quality of life. | 7.2 | 7.7 | =127/151 |  From 145/151 | No carers survey | | | |

| Indicator | 2016/17 | 2016/17 Benchmarking | | | 2017/18 | 2017/18 Benchmarking | | | |
|--|------------------------|----------------------------|-----------------|------------------|-----------------------|----------------------|-----------------|-------------------------------------|---------------------|
| | | England Average | England Ranking | England Rank DoT | | England Average | England Ranking | England Rank DoT | |
| 1E: Proportion of adults with a learning disability in paid employment. | 4.7% (37/785) | 5.7% | 85/152 | | 4.5% (35/774) | 6.0% | =81/151 | Up from 85/151 | |
| 1F: Proportion of adults in contact with secondary mental health services in paid employment. | 2.4% (19.5/820) | No national data published | | | 1.0% | 7.0% | =146/150 | N/A No data published in 2016/17 | |
| 1G: Proportion of adults with a learning disability who live in their own home or with their family. | 74.4% (584/785) | 76.2% | 97/152 | From 98/152 | 74.9% (580/774) | 77.2 | 105/151 | Down from 97/152 | |
| 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support. | 36.6% (300/820) | No national data published | | | 30% | 57% | 137/152 | N/A No data published in 2016/17 | |
| 1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like. | Users | 35.9% | 45.4% | 148/150 | From 142/150 | 43.0% | 46.0% | 110/150 | Up from 148/150 |
| | Carers | 31.0% | 35.5% | 105/151 | From 123/151 | No carers survey | | | |
| 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services. | 0.372 | 0.403 | 131/150 | From 123/150 | 0.404 | 0.405 | 84/150 | Up from 131/150 | |
| 2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good) | 18.12 40 admissions | 12.8 | 121/152 (=) | From 111/152 | 14.5 33 admissions | 14.0 | = 92/152 | Up from =121/150 | |

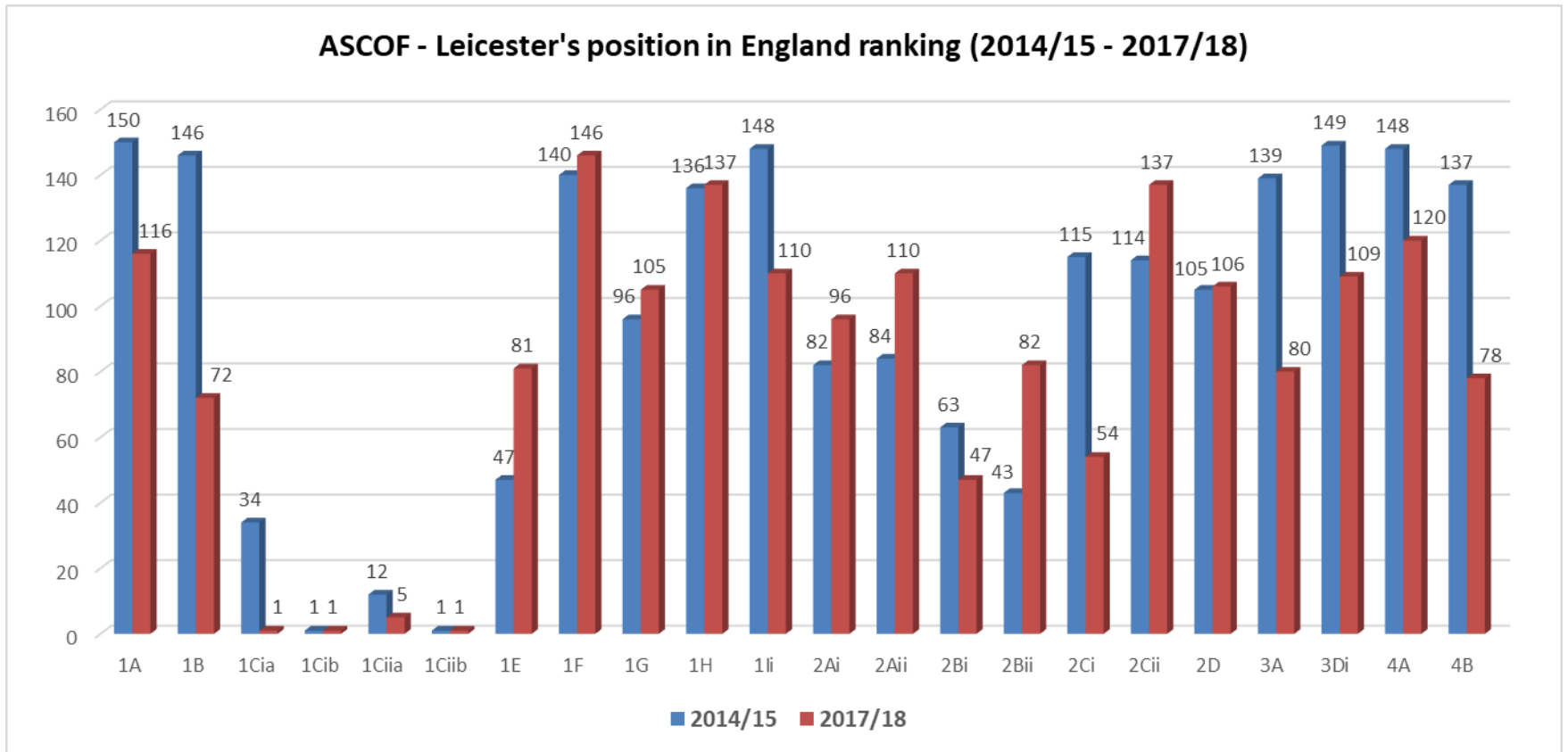
| Indicator | 2016/17 | 2016/17 Benchmarking | | | 2017/18 | 2017/18 Benchmarking | | |
|--|---------|----------------------|-----------------|---|--------------|----------------------|-----------------|---|
| | | England Average | England Ranking | England Rank DoT | | England Average | England Ranking | England Rank DoT |
| 2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good). | 704.04 | 610.7 | 99/152 |  From 82/152 | 703.0 | 585.6 | 114/152 |  Down from 99/152 |
| 2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. | 91.3% | 82.5% | =22/152 |  Down from 19/152 | 87.6% | 82.9% | = 47/150 |  Down from =22/152 |
| 2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital. | 3.1% | 2.7% | 64/152 |  From 72/152 | 2.8% | 2.9% | = 82/152 |  Down from 64/152 |
| 2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good) | 9.0 | 14.9 | 46/152 |  From 34/152 | 8.7 | 12.3 | = 62/152 |  Down from 46/152 |
| 2Cii: Delayed transfers of care from hospital attributable to ASC per 100,000 pop. (Low is good) | N/A | N/A | N/A | N/A | 0.6 | 4.3 | =16/152 | N/A New measure for 2017/18 |
| 2Ciii: Delayed transfers of care from hospital attributable to NHS and/or ASC per 100,000 pop. (Low is good) | 2.9 | 6.3 | 47/152 |  From 37/153 | 1.9 | 0.9 | 142/152 |  Down from 47/152 |
| 2D: The outcomes of short-term services (reablement) – sequel to service | 61.9% | 77.8% | 127/152 |  From 129/152 | 69.8% | 77.8 | 106/152 |  Up from 127/152 |

| Indicator | 2016/17 | 2016/17 Benchmarking | | | 2017/18 | 2017/18 Benchmarking | | | |
|--|---------------|----------------------|-----------------|---|---|-------------------------|-----------------|--|--|
| | | England Average | England Ranking | England Rank DoT | | England Average | England Ranking | England Rank DoT | |
| 3A: Overall satisfaction of people who use services with their care and support. | 65.4% | 64.7% | 64/150 |  From 104/150 | 63.9% | 65.0% | 80/150 |  Down from 64/150 | |
| 3B: Overall satisfaction of carers with social services. | 43.5% | 39% | 24/151 |  From 116/151 | <i>No carers survey</i> | | | | |
| 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for. | 70.7% | 70.6% | 70/151 |  From 105/151 | <i>No carers survey</i> | | | | |
| 3D: The proportion of service users and carers who find it easy to find information about services. | Users | 67.4% | 73.5% | 142/150 |  From 150/150 | 70.5% | 73.2% | = 109/150 |  Up from 142/150 |
| | Carers | 57.3% | 64.2% | 134/151 |  From 144/151 | <i>No carers survey</i> | | | |
| 4A: The proportion of service users who feel safe. | 65.4% | 70.1% | 125/150 |  From 144/155 | 66.1% | 69.9% | 120/150 |  Up from 125/150 | |
| 4B: The proportion of people who use services who say that those services have made them feel safe and secure. | 77.6% | 86.4% | 139/150 |  From 117/150 | 86.7% | 86.3% | = 78/150 |  Up from 139/150 | |

110

WORST
(150/150)

BEST (1/150)

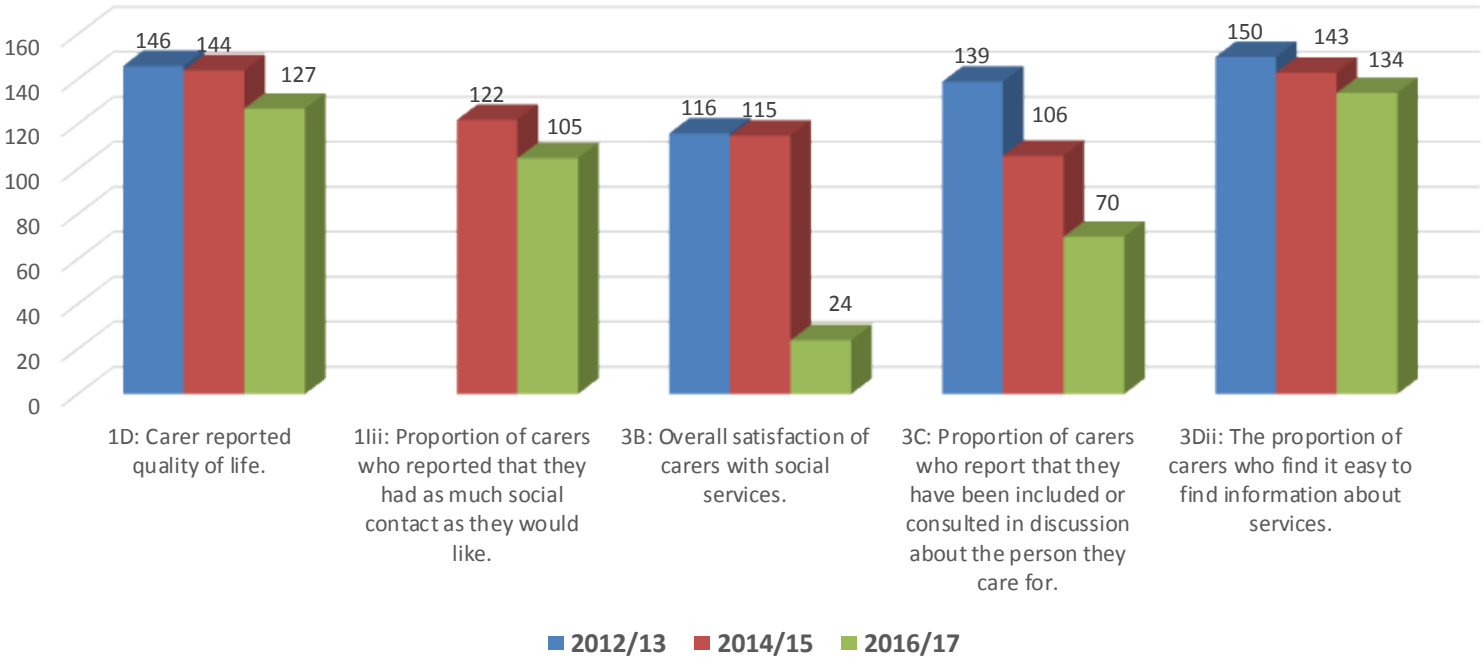


Note:

Excludes measure 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services. Comparator data not available for 2014/15.

Excludes measures derived from the Carers survey as this was not carried out in 2017/18 (see below).

ASCOF - Leicester's position in England ranking for measures from the carer's survey (2012/13 - 2016/17)



WORST (150/150)

BEST (1/150)



Adult Social Care Scrutiny Commission

ASC User Survey 2017/18

Date: 22nd January 2019

Lead Director: Steven Forbes



Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

1. Summary

- 1.1 This report brings together key findings from the national survey of ASC service users carried out in 2017/18. The survey provides a wealth of information on service user's life experience and their satisfaction with the care and support they receive. This national survey takes place every year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).
- 1.2 The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.
- 1.3 The survey is designed and managed by NHS Digital on behalf of the Department of Health and Social Care. The fieldwork period for the 2017/18 survey was mid-January to mid-March 2018. Results for Leicester are based on 407 completed responses from a sample of 1,599 service users.
- 1.4 The survey is used to provide a score for 8 of the ASCOF measures and allows us to compare our performance against that of other local authorities in England.
- 1.5 The national headlines from the survey were that:
 - 65.0 per cent of service users reported they were "Extremely" or "Very satisfied" with the care and support they received. 2.0 per cent reported they were "Extremely" or "Very dissatisfied".
 - The proportion of service users who do not buy additional care or support decreased significantly from 64.7 per cent in 2016-17 to 63.3 per cent in 2017-18. The proportion who buy more support with their own money increased from 27.4 per cent to 28.6 per cent.
 - 46.8 per cent of service users that had as much social contact as they wanted, also report their quality of life was so "Very good" or "So good it could not be better", compared to 6.8 per cent of service users who had little social contact and felt socially isolated reported having a quality of life that could not be better.
 - A higher proportion of service users in a residential care or nursing care setting report feeling as safe as they want (86.8 and 82.7 per cent respectively) compared to service users in a community setting (63.6 per cent).
 - Service users who find it very easy to find information and advice and support about services or benefits also reported higher levels of feeling they have as much control over their daily life as they want (59.4 per cent).
- 1.6 The outcomes of the User Survey were very positive for us in Leicester, with an improvement on our 2016/17 ASCOF scores for 7 out of the 8 measures, 6 of the 7 targets we set locally were met

and our national ranking improved for 7 of the 8 measures. This improvement is all the more impressive when we consider that the survey also revealed that service users in Leicester had exceptionally high levels of need, reported very poor health, and were amongst the least likely to receive practical support from family, friends and neighbours and pay for additional support.

2. Recommendation

- 2.1 The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in this report.

3. Report

3.1 ASCOF

- 3.1.1 Overall the results for the 2017/18 survey show an improvement from 2016/17. Of the eight Adult Social Care Outcomes Framework (ASCOF) measures drawn directly from the Survey, seven have shown an improvement in performance compared to last year. Local targets were set for seven of these measures, with performance against six measures meeting the target. Our national ranking improved for seven out of the eight measures. **See Appendix 1.**
- 3.1.2 Overall the improvement in our performance has been significant and, with the odd exception, has been sustained over the last four years. It should be noted however that we have come from a very poor historic position. In 2014/15 our scores for five of the ASCOF measures placed us amongst the five worst performing councils in England, including the worst score in England for ASC related quality of life. **See Appendix 2.**
- 3.1.3 The highest rate of improvement has been for the second safeguarding measure, '4B: The proportion of people who use services who say that those services have made them feel safe and secure', which performed poorly in 2016/17 at 77.6%, well below the national average of 86.4%. In 2017/18 86.7% of respondents said that services have made them feel safe, now ahead of the national average of 86.3%.
- 3.1.4 The overall satisfaction measure, '3A: Overall satisfaction of people who use services with their care and support', is the only measure from ASCOF which has worsened this year, down from 65.4% to 63.9%. However, this position is still an improvement on our score of 56.9% in 2014/15 when we had the 11th worst score in England (we have since climbed 69 places in the rankings).
- 3.1.5 Whilst this level of improvement is encouraging, we cannot afford to be complacent. We are still amongst the 50 worst performing councils for half of the eight ASCOF measures.

3.2 Effectiveness of care and support in helping respondents have a good quality of life

- 3.2.1 The overall proportion of people who feel that the care and support they receive helps them to have a better quality of life has increased for the third year running. 92.9% of respondents now say this.
- 3.2.2 Respondents are also asked whether care and support services help them to undertake various activities for daily living and how well services support other aspects of good quality of life, for example social contact.
- 3.2.3 On these measures, the picture in 2017/18 is mixed. Leicester has seen increases in the proportion

of respondents saying that care and support helps with control, keeping clean and presentable and feeling safe. We appear to be doing well in supporting the fundamentals of care and safety.

3.2.4 However, when looking at other aspects that make up quality of life, such as maintaining a clean and comfortable home, spending time doing things you enjoy and maintaining social contact, our performance in 2017/18 is poorer than in 2016/17.

3.2.5 For comparison, our performance for “clean and comfortable home” is 62.4%, the national average is 66.7% and among our comparator authorities the average was 67.2%. For adequate or better social contact, our result was 70.6%, nationally the average was 78.2% and among our comparators 79.2%. For spending time doing things the person enjoys, our performance was 62.4%, the national average was 68.8% and among our comparators the average was also 68.8%.

3.3 Levels of need

3.3.1 Each year the User Survey also asks questions about how easily they can complete basic tasks by themselves. This is shown by responses given to questions 15 (a-d) and Q. 16 (a-d), which ask service users to describe their abilities in respect of performing several basic daily tasks.

3.3.2 The 2017/18 survey cohort appears to have higher levels of need across the whole range of basic tasks asked about in the survey. They report greater difficulty in performing all these tasks than was the case last year.

3.3.3 Indeed, for every single task the percentage of respondents who found it easy to undertake has decreased since 2013/14, with the percentage who could not undertake the task at all increasing for every task. **See Appendix 3.**

3.4 State of Health

3.4.1 A further section of the User Survey questionnaire asks about the respondent’s state of health, firstly overall and specifically about pain and anxiety. The survey cohort in Leicester in 2017/18 reported low levels of ‘very good’ or ‘good health’, 35.4% combined. This compares to a national average of 42.3%, and an average among our comparator authorities of 41.7%. The percentage in Leicester reporting ‘very bad general health’ was the 4th highest in England.

3.4.2 For the question on pain, a higher proportion of respondents in Leicester report “extreme” pain or discomfort, 21% compared to a national average of 13.2% and an average among our comparator authorities of 13.7%. This is the 7th highest level in England.

3.4.3 For the question on anxiety, 10.7% of respondents in Leicester report that they are “extremely anxious or depressed”. This compares to a national average of 8.6% and among our comparators the average was 9.3%. This is the 25th highest level in England. **See Appendix 4.**

3.5 Practical help from someone else

3.5.1 The survey asks respondents about whether they regularly receive practical help. In Leicester in 2017/18, 50.6% said that they did receive such help from someone living in their household. 30% of respondents in Leicester said they receive help from someone who does not live with them. For comparison, the average for England for help from someone living with the person was 41%, and from someone living elsewhere was 44.6%. The average figures for our comparator authorities are 41.4% receiving help from someone living with them and 46.2% receiving help from someone living elsewhere. Leicester has the highest rate in England for respondents not receiving any practical help from someone outside their household.

3.6 Buying additional care and support

- 3.6.1 For several years it has been notable that a lower proportion of survey respondents in Leicester receive additional care and support which is paid for privately. This remains the case in 20/1718 and this relative lack of access to additional care and support services owing to lack of resources to pay for them may well be impacting negatively on the quality of life of service users. The survey asks about 2 ways of procuring additional support, either paid for by the person themselves, or by a member of their family.
- 3.6.2 In Leicester, 23.4% of respondents report that they receive additional care and support paid for by themselves. This compares to a national average of 28.6% and an average among our comparators of 27.5%. For care and support paid for by members of the person's family, 11.3% of respondents in Leicester say that they receive this kind of financial help to get extra support for themselves. In comparison, the national average for respondents saying they receive this financial support is, 10.6%, among our comparator authorities it is 10.9%
- 3.6.3 Overall, the level of financial support available to service users is notably lower in Leicester. The slightly higher levels of respondents accessing additional support paid for by their family cannot wholly offset the substantially lower proportion of our service users who are able to buy additional support themselves.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications associated with this report.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext: 37 2284

4.4 Equalities Implications

From an equalities perspective, the eight Adult Social Care Outcomes Framework (ASCOF) measures are in keeping with our Public Sector Equality Duty and the three aims of the duty, which are

elimination of discrimination, promote equality of opportunity and foster good relations. The key findings from the national survey of ASC service users carried out in 2017/18 show an overall improvement from the 2016/17 results, with seven of the eight Adult Social Care Outcomes Framework (ASCOF) measures showing an improvement in performance compared to last year.

In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into equalities (as set out in the adults JSNA). Also highlighted in the report are areas where we need to improve, as these need to be addressed by the relevant service areas.

Sukhi Biring, Equalities Officer (Ext. 374175)

4.5 Other Implications

















None

5. Background information and other papers: None

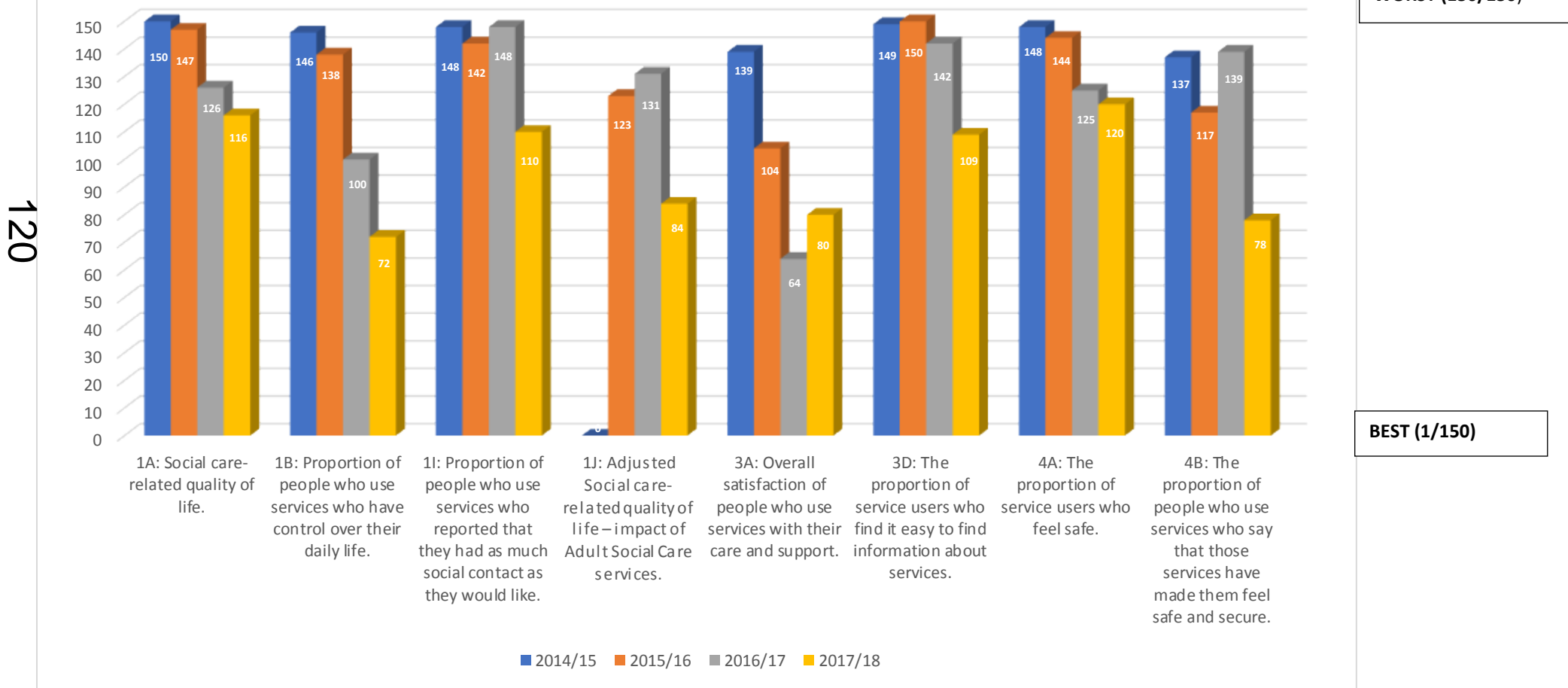
6. Summary of appendices:

- Appendix 1: ASCOF scores from adult social care survey – 2017/18 benchmarking
- Appendix 2: ASCOF scores from adult social care survey – national rankings
- Appendix 3: Level of Need: Service Users able to complete basic tasks by themselves
- Appendix 4: State of Health: Service Users self-reported state of health

ASCOF SCORES FROM ADULT SOCIAL CARE SURVEY – 2017/18 BENCHMARKING

| Indicator | Leicester 2016/17 | 2016/17 Benchmarking | | | Leicester 2017/18 | 2017/18 Benchmarking | | | 2017/18 Target |
|---|----------------------|----------------------|--------------------|---|----------------------|----------------------|--------------------|---|-------------------|
| | | England Average | England Ranking | England Rank DoT | | England Average | England Ranking | England Rank DoT | |
| 1A: Social care-related quality of life. | 18.5 | 19.1 | =126/150 |  From 147/150 | 18.7 | 19.1 | =116/150 |  | 18.8 |
| 1B: Proportion of people who use services who have control over their daily life. | 76.2% | 77.7% | 100/150 |  From 138/150 | 78.1% | 77.7% | =72/150 |  | 75.0% |
| 1I: Proportion of people who use services who reported that they had as much social contact as they would like. | 35.9% | 45.4% | 148/150 |  From 142/150 | 43.0% | 46.0% | 110/150 |  | 42.6% |
| 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services. | 0.372 | 0.403 | 131/150 |  From 123/150 | 0.404 | 0.405 | 84/150 |  | N/A |
| 3A: Overall satisfaction of people who use services with their care and support. | 65.4% | 64.7% | 64/150 |  From 104/150 | 63.9% | 65.0% | 80/150 |  | 63.7% |
| 3D: The proportion of service users who find it easy to find information about services. | 67.4% | 73.5% | 142/150 |  From 150/150 | 70.5% | 73.2% | =109/150 |  | 69.0% |
| 4A: The proportion of service users who feel safe. | 65.4% | 70.1% | 125/150 |  From 144/155 | 66.1% | 69.9% | 120/155 |  | 66.0% |
| 4B: The proportion of people who use services who say that those services have made them feel safe and secure. | 77.6% | 86.4% | 139/150 |  From 117/150 | 86.7% | 86.3% | =78/150 |  | 85.0% |

ASCOF - Leicester position in the England rankings for measures from the Adult Social Care Survey (2014/15 - 2017/18)

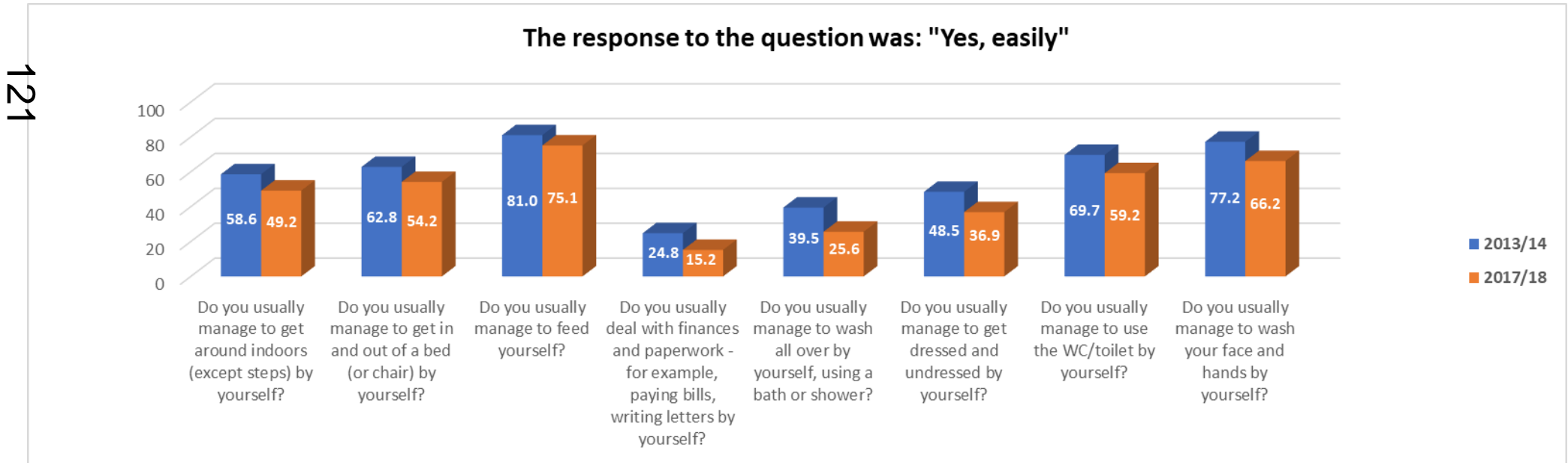


Level of Need: Service Users ability to complete basic tasks by themselves

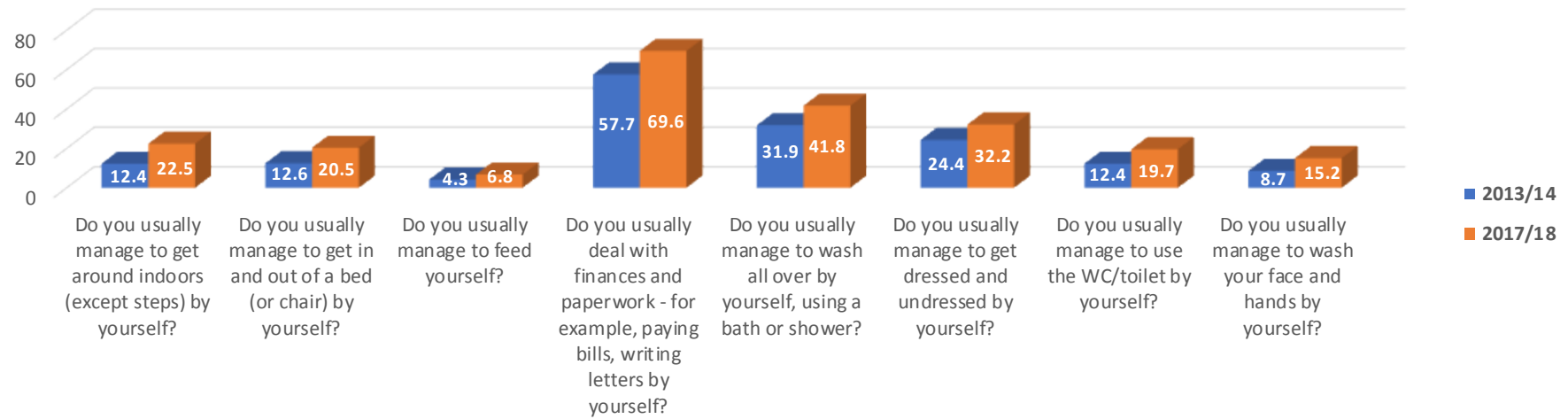
Each year the User Survey also asks questions about how easily they can complete basic tasks by themselves. This is shown by responses given to questions 15 (a-d) and Q. 16 (a-d), which ask service users to describe their abilities in respect of performing several basic daily tasks.

The 2017/18 survey cohort appears to have higher levels of need across the whole range of basic tasks asked about in the survey. They report greater difficulty in performing all these tasks than was the case last year.

Indeed, for every single task the percentage of respondents who found it easy to undertake has decreased since 2013/14, with the percentage who could not undertake the task at all increasing for every task.



The response to the question was: "No, I can't"

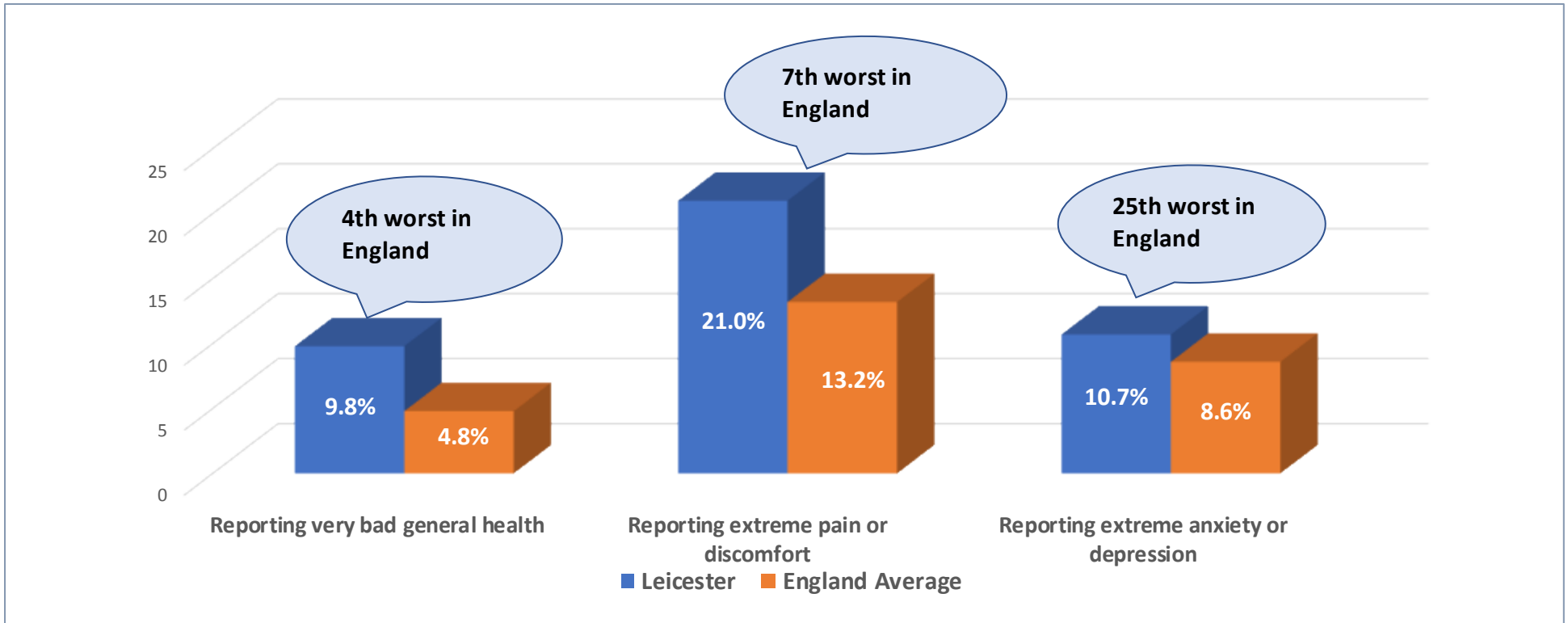


State of Health: Service Users self-reported state of health

The User Survey questionnaire asks about the respondent’s state of health, firstly overall and specifically about pain and anxiety. The survey cohort in Leicester in 2017/18 reported low levels of ‘very good’ or ‘good health’, 35.4% combined. This compares to a national average of 42.3%, and an average among our comparator authorities of 41.7%. The percentage in Leicester reporting ‘very bad general health’ was the 4th highest in England.

For the question on pain, a higher proportion of respondents in Leicester report “extreme” pain or discomfort, 21% compared to a national average of 13.2% and an average among our comparator authorities of 13.7%. This is the 7th highest level in England.

For the question on anxiety, 10.7% of respondents in Leicester report that they are “extremely anxious or depressed”. This compares to a national average of 8.6% and among our comparators the average was 9.3%. This is the 25th highest level in England.



Adult Social Care Scrutiny Commission
Draft Work Programme 2018 – 2019

| Meeting Date | Topic | Actions Arising | Progress |
|----------------------------|--|---|---|
| 19 th June 2018 | 1) ASC Annual Operating Plan 2018/2019 2) Better Care Fund (BCF) 2017/2018: Update 3) ASC Procurement Plan 2018/2019 4) ASC Spending Review 4 – Floating Support 5) Work Programme | 2) AGREED: <ul style="list-style-type: none"> • Update to come to Scrutiny on work with NHS, Over 85s and End of Life services • Update to come on nursing care home delays (inc. the Trusted Assessor Process) • Information on work to develop communications (Due to strengths based approach potentially changing format and presentation of data). 3) AGREED: <ul style="list-style-type: none"> • Procurement briefings will be held on the Disabled Persons Support Services and Advocacy Services. 4) AGREED: <ul style="list-style-type: none"> • Preferred option. | 3) Both procurement briefings have now been held. |

| Meeting Date | Topic | Actions Arising | Progress |
|------------------------------------|---|--|---|
| 28 th August 2018 | <p>1) Delivering Good Social Work Practice report and presentation, to include:</p> <ul style="list-style-type: none"> • Healthy Workplace Survey • MyTime Peer Review • Peer Review • Annual Social Work (SW) 'Healthcheck' <p>2) Strengths and Assets Based Approach: Update</p> <p>3) Carers Strategy: Outcome of consultation and emerging action plan – Briefing report. (2)</p> <p>4) Outcome of VCS Phase 1 – Verbal Update</p> <p>5) Disability Related Expenditure (DRE) Consultation – Verbal Update</p> <p>6) Work Programme</p> | <p>1) AGREED:</p> <ul style="list-style-type: none"> • The Learning and Development Manager be invited to a future meeting • Report on professional development opportunities be brought to Commission in six months (Feb/March) • Information on bank staff numbers be provided to Members • Information on improved sickness levels to be provided at a future meeting • Report on how social workers were supported be provided at an appropriate time. <p>2) AGREED:</p> <ul style="list-style-type: none"> • That the Department 'tap into' gardening projects and allotments across the city, and map information • A report be compiled on the approach of what made it a corporate concern, to go to the Executive, and feedback of the response to go to OSC. <p>3) AGREED:</p> <ul style="list-style-type: none"> • Update report following amendment of the strategy – due to young and parent carer concerns • Update report on the strategy KPIs and successes be brought to Scrutiny six months after confirmation of the strategy • Update to be brought to a pre-meeting, which Members of the CYPS Scrutiny Commission would be invited to attend • Demographic breakdown of the 230 responders to be provided to the Commission. <p>4) AGREED:</p> <ul style="list-style-type: none"> • Training on Welfare Rights updates be organised as part of the MDP • Full report on all contracts discussed with EIAs attached be brought to next meeting. <p>5) AGREED:</p> <ul style="list-style-type: none"> • A full report and EIA would be brought to a future meeting. | <p>1) The Learning and Development Manager will be invited to January's meeting.</p> <p>4) Full reports with attached EIAs brought to Scrutiny 25th Sept</p> <p>5) Both full report and EIA coming to Scrutiny 4th Dec.</p> |

| Meeting Date | Topic | Actions Arising | Progress |
|---|--|--|----------|
| | | 6) AGREED: <ul style="list-style-type: none"> • Task group meetings on the ASC Green Paper would be arranged ahead of its publication. | |
| 25 th Sept 2018 (Special) | 1) VCS Review Phase 1: Carers' Support, Lunch Clubs and Visual & Dual Sensory Support 2) VCS Review Phase 2: Advocacy, Stroke Support and Disabled People's Support Service | 1) AND 2) AGREED: <ul style="list-style-type: none"> • Continue to reassure people where services being changed, particularly those who are vulnerable • That those accessing more than one of the services be adequately supported during the phased implementation of the new proposals • A further update with monitoring information be brought back to a future meeting of the ASC Scrutiny Commission, on progress. | |

| Meeting Date | Topic | Actions Arising | Progress |
|---------------------------|--|---|--|
| 16 th Oct 2018 | 1) Call-In of Executive Decisions 2) Dementia Strategy: Outcome of consultation and emerging action plan 3) Dementia Action Alliance: Update 4) Autism Self-Assessment 5) Domiciliary Care Reprocurement: Update 6) Outcome of Government consultation of the Local Housing Allowance (LHA) – Verbal update 7) Performance Outturn 2017/2018 8) End of Life Task Group Review | 1) AGREED: <ul style="list-style-type: none"> • That the call-in be withdrawn. 2) AGREED: <ul style="list-style-type: none"> • The action plans for the Dementia Strategy be brought to a future Commission meeting • The links to website information on dementia be provided to Members • An invitation be extended to Members of the Commission to front a campaign for the promotion of dementia awareness. 4) AGREED: <ul style="list-style-type: none"> • Information on the success of the last 'Autism Hour' initiative be provided to the Chair • The links to website information on autism be provided to Members • Officers to append summary information (background, relevant weblinks or books) that Members could access for further information • A tag line sentence for the people of Leicester to raise awareness of autism be developed and brought back to a future meeting of the Commission. 5) AGREED: <ul style="list-style-type: none"> • Information on the reasons for non-compliant providers to be provided to Members of the Commission. 6) AGREED: <ul style="list-style-type: none"> • Information on Adult Social Care plans and schemes would be brought back to a future meeting of the Commission. 8) AGREED: <ul style="list-style-type: none"> • The report be endorsed by the Commission and presented at Overview Select Committee • The Department look at Living Wills. | 2) Links to website information on dementia now provided to Members. 6) Coming to Scrutiny 4 th December 8) Went to OSC 1 st Nov, due to go to CMB 29 th Nov. |

| Meeting Date | Topic | Actions Arising | Progress |
|--------------------------|---|--|-------------------------------------|
| 4 th Dec 2018 | 1) Quarter 1 Performance 2) Extra Care Housing Update 3) Outcome of Disability Related Expenditure (DRE) Consultation 4) Consultation for Accommodation Based Support 5) Outcome of Sheltered Housing Consultation 6) Outcome of consultation for Acquired Brain Injury (ABI) Outreach 7) Outcome of consultation for the Disabled Persons Support Service (DPSS) 8) Proposal to create a Service User Participation Service | 1) AGREED: <ul style="list-style-type: none"> • That information about safeguarding be made available in community centres, on the Council's website and circulated to Ward Councillors • Report on the new Brokerage Team to be brought to ASC in around six months' time. 2) AGREED: <ul style="list-style-type: none"> • The Housing Scrutiny Commission be requested to ask the new Housing Company whether some of their properties would have a higher spec for Extra Care and for the Strategic Director to talk to the Director of City Development and Neighbourhoods about reviewing design specifications, to ensure they are fully wheelchair accessible • That a further update be brought to a future ASC meeting. 3) AGREED: <ul style="list-style-type: none"> • That the Commission support Option 3: to reduce the standard level of DRE from £20 to £10. 4) AGREED: <ul style="list-style-type: none"> • Department to provide a response to comments received from Norton Housing and Support, expressing concerns of inaccuracy • That a further report be brought back to ASC after the consultation period has ended, before any decision is made • Accompanying EIA be sent to Members once complete. 5) and 6) AGREED: <ul style="list-style-type: none"> • The Commission support the proposal to end the Sheltered Housing Support Funding to Registered Social Landlords • The Commission support the proposal to withdraw funding for the ABI outreach service • The Commission be kept informed on plans to ensure that language and access needs are fully considered within ASC spending reviews. 7) and 8) AGREED: | 4) Response is attached to minutes. |

| Meeting Date | Topic | Actions Arising | Progress |
|---------------------------|---|--|----------|
| | | <ul style="list-style-type: none"> • The Commission support proposals to end the DPSS contract • The Commission support proposals to procure a new participation service • Update on the new participation service be brought back to ASC in October 2019, with a more detailed report following in April 2020. <p>9) AGREED:</p> <ul style="list-style-type: none"> • That an additional meeting of the Commission be arranged to discuss the Government Green Paper • That Members be given sight of relevant consultation documents prior to them being put into the public domain, and for those consultation documents to be sent to GPs' surgeries. | |
| 22 nd Jan 2019 | <ol style="list-style-type: none"> 1) Annual Budget 2) Learning and Development Manager – Presentation 3) Quarter Two Performance Report 4) Refresh of the Learning Disabilities Strategy 2019: Progress Update | | |

| Meeting Date | Topic | Actions Arising | Progress |
|-----------------------------------|---|-----------------|----------|
| 19 th March 2019 | <ol style="list-style-type: none"> 1) Learning Disabilities and Employment: Discussion 2) Leicester Ageing Together Update Report 3) ASC Internal Staffing Savings: Overview 4) Independent Living Support (ILS) Supported Housing Service: Consultation findings 5) Adult Social Care Annual Operating Plan 2018/19: Detailed update. | | |

Forward Plan/Suggested Items

| Topic | Detail | Proposed Date |
|---|--|-----------------------|
| Green Paper Task Group Statement (ahead of publication) | Scrutiny Policy Officer to consider what a T&F group could produce ahead of Green Paper Publication. | January 2019 |
| Green Paper Task Group Response: Sustainable Funding for Social Care | | |
| Delivering Good Social Work Practice: Support for Social Workers (Report) | Requested in August meeting. | |
| Delivering Good Social Work Practice: Professional Development Opportunities (Update) | Requested in August meeting. | January/March 2019 |
| Carers Strategy: Update | An update on the amended Carers strategy to come to Scrutiny once complete, followed by an update report in 6 months with details of KPIs outlined under each strategic priority | October/December 2018 |
| NHSE Over 85s and End of Life (Update) | Requested in June meeting. | |
| Nursing Care Home Delays inc. Trusted Assessor Process (Update) | Requested in June meeting. | |
| ASC Spending Review 4 – Floating Support: Equality Impact Assessment | Requested in June meeting. | |