



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 24 JANUARY 2017

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 Chaplin (Vice-Chair)

Councillors Dempster, Hunter, Khote, Riyait and Thalukdar

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:

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Further information

If you have any queries about any of the above or the business to be discussed, please contact:
, **Democratic Support Officer on 0116 454 6357**. Alternatively, email julie.harget@leicester.gov.uk, or call in at City Hall.

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PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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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 Commission held on 12 December 2016 have been circulated and the Commission is asked to confirm them as a correct record.

4. CHAIR'S ANNOUNCEMENTS

The Chair will provide an update on recent developments on autism. A local artist has been invited to the meeting to perform a rap that he has written on this subject.

5. PETITIONS

The Monitoring Officer to report on any petitions received.

6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

7. ADULT SOCIAL CARE ELEMENTS OF THE GENERAL [Appendix A](#) FUND REVENUE BUDGET 2017-18

The Commission will receive the draft General Revenue Budget 2017-18 and is asked to consider the Adult Social Care elements of the budget. Comments made by the Commission will be considered by the Overview Select Committee on 2nd February 2017 prior to budget being approved by the Council on 22nd February 2017.

8. FINAL 2015/16 ADULT SOCIAL CARE OUTCOME FRAMEWORK [Appendix B](#)

The Strategic Director, Adult Social Care submits a report that presents information on Leicester's own and comparative performance against measures in the Adult Social Care Outcome Framework (ASCOF), the national performance regime for Adult Social Care for the financial year 2015/16.

The Commission is recommended to note the contents of the report and make comment on the contents.

9. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2016/17 QUARTER 2 [Appendix C](#)

The Strategic Director, Adult Social Care submits a report that provides the Scrutiny Commission with information on various dimensions of adult social care (ASC) performance in the second quarter of 2016/17. The Commission is asked to note the areas of positive achievement for the quarter and areas for improvement.

10. OUTCOME OF THE MENTAL HEALTH RECOVERY HUB CONSULTATION

The Commission will receive an update from the Leicester City Clinical Commissioning Group on the outcome of the Mental Health Recovery Hub Consultation.

11. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME [Appendix D](#)

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.

12. ANY OTHER URGENT BUSINESS



Council

Date: 22nd February 2017

General Fund Revenue Budget 2017/18 to 2019/20

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 2017/18 to 2019/20.
- 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 version of the report is a draft for consultation, and will be updated to reflect the local government finance settlement, any further information and comments from partners.

2. Summary

- 2.1 The Council is in the middle of the most severe period of spending cuts we have ever experienced.
- 2.2 The independent Institute for Fiscal Studies has recently (October 2016) reported that local authority budgets have fallen by 26% in real terms since 2009/10. The 10% of authorities most dependent on grant (generally, the least affluent areas) have cut spending by an average of 33% in real terms. The 10% least dependent on grant have cut spending by only 9%. Our own estimates, comparing cuts to the Index of Multiple Deprivation, point very strongly to the same conclusions.
- 2.3 Our government grant has fallen, on a like for like basis, from £289m in 2010/11 to £174m in 2017/18; and is projected to fall further, to £166m by 2019/20. Grant will have fallen by over 50%, after allowing for inflation, over ten years.
- 2.4 This has resulted in the Council's budget, again on a like for like basis, falling from £358m to an equivalent £277m by 2019/20. These figures, however, mask the fact that additional funding has been required to manage pressures

in statutory social care (both for adults and children). The amount available for all other services has consequently fallen by around 70% in real terms over the same period.

- 2.5 The Council's approach to achieving these substantial budget reductions is based on the following approach:-
- (a) An in-depth review of discrete service areas (the "Spending Review Programme");
 - (b) The building up of reserves, in order to "buy time" to avoid crisis cuts and to manage the spending review programme effectively. This is termed the "Managed Reserves Strategy".
- 2.6 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.
- 2.7 Since the 2016/17 budget was approved last February, a number of spending reviews have reported and budget reductions consequently made. Some of these have saved money in 2016/17 as well as later years.
- 2.8 Last February, it was anticipated that all reserves set aside for the managed reserves strategy would be used by 2017/18. However, additional reserves have become available, enabling the strategy to be extended:-
- (a) Savings in 2016/17 arising from spending reviews approved after February have become available to support subsequent budgets;
 - (b) A review of earmarked reserves held by departments has taken place, with the result that £5m has become available for general purposes.
- 2.9 These measures, plus reductions in the annual budget, mean that a very limited level of reserves have now become available to support the 2018/19 budget. Spending reviews approved from now on will extend the strategy further.
- 2.10 Nonetheless, it is abundantly clear that the amount of work still required to achieve estimated savings of £41m by 2019/20 is enormous, notwithstanding the progress that has been made since last year. Even when the full spending review programme is complete, a gap will remain, and work will take place during early 2017 to bridge this. Some extremely difficult decisions will inevitably be required.
- 2.11 The budget provides for a council tax increase of 4%, which is the maximum available to us without a referendum. Half of this increase is for the "social care levy" – the Government has permitted social care authorities to increase tax by more than the 2% available to other authorities, in order to help meet

social care pressures. In practice, increasing our tax by 4% for 4 years will only meet a small proportion of the extra costs we are incurring.

- 2.12 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 2016/17. 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 11 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 2017/18 which will be circulated separately;
- (b) note the outcome of the local government finance settlement for 2017/18 (once received);
- (c) note any comments received on the draft budget from scrutiny committees, trade unions and other partners (once received);
- (d) approve the budget ceilings for each service, as shown at Appendix One to this report;
- (e) approve the scheme of virement described in Appendix Two to this report;
- (f) note my view that reserves will be adequate during 2017/18, and that estimates used to prepare the budget are robust;
- (g) note the equality implications arising from the proposed tax increase, as described in paragraph 11;
- (h) approve the prudential indicators described in paragraph 18 of this report and Appendix Three;
- (i) approve the proposed policy on minimum revenue provision described in paragraph 19 of this report and Appendix Four;

- (j) 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.

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4. Budget Overview

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

	<u>2017/18</u> £m	<u>2018/19</u> £m	<u>2019/20</u> £m
<u>Service budget ceilings</u>	262.9	258.7	260.6
<u>Sums to be Allocated to Services</u>			
Apprentice Levy	0.6	0.6	0.6
<u>Corporate Budgets</u>			
Capital Financing	13.8	13.7	13.4
Miscellaneous Central Budgets	(2.7)	(2.5)	(2.3)
<u>Future Provisions</u>			
Inflation		3.9	7.9
Education Funding Reform	3.0	3.0	3.0
Planning provision		3.0	6.0
<u>Managed reserves Strategy</u>	(20.7)	(4.6)	
TOTAL SPENDING	256.9	275.8	289.1
<u>Resources – Grant</u>			
Revenue Support Grant	48.1	38.4	28.4
*Business rates top-up grant	45.7	47.2	48.8
New Homes Bonus	9.2	5.8	5.5
<u>Resources – Local Taxation</u>			
Council Tax	99.5	104.2	109.1
*Business Rates	53.5	55.1	56.5
Collection Fund Surplus – Council Tax	0.8		
TOTAL RESOURCES	256.9	250.6	248.3
Projected tax increase	4.0%	4.0%	4.0%
Gap in resources		25.2	40.8
Underlying gap in resources	20.7	29.8	40.8

These figures will be revised following the local government finance settlement, once received.

*A revaluation of business rates will take effect from 2017/18. This will increase the amount of rates expected, but lead to a reduction in top-up grant (in theory, to ensure the effects of the revaluation are financially neutral but this is currently a risk). These figures will be revised once the settlement has been received.

- 4.2 Future forecasts are of course volatile and will change.
- 4.3 The forecast gap in 2019/20 makes no allowance for most inflation (other than for pay awards). In real terms, the gap for that year is some £5m higher.

5. **Council Tax**

- 5.1 The City Council's proposed tax for 2017/18 is £1,408.15 an increase of just below 4% compared to 2016/17.
- 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 2016/17 for a Band D property was as follows:-

	£
City Council	1,354.01
Police	183.58
Fire	61.62
Total tax	1,599.21

- 5.4 The actual amounts people are paying in 2016/17, however, depend upon the valuation band their property is in and their entitlement to any discounts, exemptions or benefit. 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 2017/18 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 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, arising from the two year pay increase awarded in June 2016 (1% in each of 16/17 and 17/18).

6.4 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 (1.5%);
- (b) Foster care (1.5%);
- (c) Costs arising from the waste PFI contract (2% - RPI).

6.5 The following spending review decisions have been formally taken since February 2016, and budgets reduced accordingly:-

	<u>17/18</u> <u>£000</u>	<u>18/19</u> <u>£000</u>	<u>19/20</u> <u>£000</u>
Parks and Open Spaces	1,200	1,350	1,500
Substance Misuse	1,000	1,000	1,000
Transforming Neighbourhoods	486	647	647
Technical Services	3,407	5,870	6,970
Regulatory Services	150	150	150
	6,243	9,017	10,267

[This list will be added to as new reviews conclude before the budget is approved].

- 6.6 Additionally, management savings of £400,000 per year have arisen from a review of management in City Development and Neighbourhoods, and have been built into the budget.
- 6.7 A full schedule of reviews included in the programme is provided at Appendix Eight.
- 6.8 The budget ceiling of the Health and Wellbeing Division has been reduced to reflect Government cuts to the public health grant, amounting to £0.7m in 2017/18, and an estimated additional £0.7m in each of 2018/19 and 2019/20.

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 is 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 requiring care is increasing (which has been the pattern for many years);
- (b) Increasing frailty and the impact of people having multiple health conditions that increase the level of care and support required (not just in older people, but also for adults of working age who are supported by the Department);
- (c) The National Living Wage – this was introduced by the Government in April 2016, and is due to increase in stages to around £9 by 2020/21. These increases are creating substantial pressures for independent sector care providers, who are heavily dependent on a minimum wage workforce; and they will seek to pass on additional costs to local authorities.

7.3 The Government has partially recognised the difficulties facing adult social care, and has:-

- (a) Permitted social care authorities to increase council tax by 2% per year over and above the referendum limit. This will raise around £1.9m per year, and will increase our total income by some £8m by 2019/20. This is well short of the sums required (as will be seen from the table below);
- (b) Announced a further tranche of Better Care Fund monies, which will amount to £1.5bn nationally by 2020. However, the amount available will be minimal in 2017/18. This is discussed further at paragraph 12 below.

7.4 When the Council set the budget in February 2016, the budget for Adult Social Care had to be increased substantially to meet the cost of the living wage and increased need. Since then, in order to reduce the overall pressures facing the Council, the department has reviewed its budgets. The current position is shown below (which slightly reduces the growth previously approved). Estimates of the cost of the living wage have also been revised since 2016/17:-

	<u>2016/17</u> <u>£000</u>	<u>2017/18</u> <u>£000</u>	<u>2018/19</u> <u>£000</u>	<u>2019/20</u> <u>£000</u>
National living wage	4,935	7,630	10,921	14,469
Other pressures	9,067	7,950	4,200	3,500
Net increase	14,002	15,580	15,121	17,969

7.5 Whilst the department believes it can live within these sums, the position is volatile. Key challenges facing the department are:-

- (a) Managing demand for the service;
- (b) The significant increase in costs of existing service users as their circumstances or conditions change. This is currently being analysed and monitored by the department.

7.6 The service also has to respond to a comparatively high level of working age adults requiring care due to problems of poor health, which have often built up over many years. The potential for prevention work in this area is being addressed by the Public Health Service (see below) and in joint working with the NHS, but the fruits of such work will not be seen for a considerable period of time.

7.7 Actions the department is taking to live within its resources include:-

- (a) On-going review of the cost of existing user packages;
- (b) Ensuring access to service is restricted to those with statutory entitlement;
- (c) Transferring service users from residential care to supported living where possible, which is both cost effective and more popular than residential care. However, the Government has placed the future of Supported Living schemes in jeopardy by the proposed implementation of a housing benefit cap: such a cap would make schemes financially unviable. The Government has recently announced that the cap will not apply to supported living schemes until 2019/20. From this date, additional ringfenced grant funding will be provided to local authorities to address the shortfall between the rent cap and the actual rent (and service charges) paid. It is unclear whether the level of funding will be sufficient. A consultation paper was received on 21st November and is currently being studied.
- (d) Substantial staffing savings which are designed to reduce our staffing complement to a level closer to that of comparative authorities (currently, our care staffing levels exceed those of similar authorities).

Education and Children's Services

7.8 Like adult care, the budget for Education and Children's Services was increased in 2016/17. This reflected substantial cost increases arising from:-

- (a) Numbers of looked after children, where we had experienced significant growth in line with national trends;
- (b) Extra staffing, arising from a national shortage of qualified social workers (and consequent reliance on more expensive agency staff).

7.9 However, measures to address these problems ("growing our own" social workers, and intensive family intervention to divert children from care) were expected to reduce these pressures over time. Consequently, unlike adult social care, the additional money required by the department was expected to reduce in years subsequent to 2016/17. The table below shows the position:-

	<u>16/17</u> <u>£000</u>	<u>17/18</u> <u>£000</u>	<u>18/19</u> <u>£000</u>	<u>19/20</u> <u>£000</u>
New monies	10,170	7,900	6,300	6,300
Less use of reserves	(6,962)			
	<u>3,208</u>			

7.10 All the department's services (other than social care) are subject to review as part of the Council's Spending Review Programme. Proposals have been made to save £4m per annum from Early Help, children's centres and adventure playgrounds. This includes reducing numbers of children's centres from 23 to 12.

7.11 The department is planning the following actions, to ensure it can live within its resources:-

- (a) Continuing and expanding its new approach to preventing children being taken into care. There are currently 2 "Multi Systemic Therapy" (MST) teams – one predominantly for older children (11-17 years) with behavioural difficulties, and one for children aged 6-17 years who have suffered abuse and neglect. The former team has capacity to deal with 40-48 children per year, and the latter around 30 children per year. Subject to evaluation, it is planned to increase the size of the Child Abuse and Neglect Team. The department is also evaluating whether or not to expand the multi-systemic therapy interventions to include a team which will tackle those children already in care and try to return them to their parents. Additional resources are being provided to support a range of pre-proceedings work which will reduce the number of children aged 0-5 coming into care (the MST approach is not suitable for this age range). Funding to implement these measures has

been provided from the DfE, and the Council's own transformation fund;

- (b) Results so far suggest that the strategy to “grow our own” social workers (which involves supporting and training them through their first years of work) is succeeding, and reliance on agency staffing can therefore decline in the coming years;
 - (c) Other areas of service are being considered in order to secure spending review savings of £5m in total (as the early help/children's centres/adventure playgrounds review is only targeting £4m);
 - (d) It is not clear yet how many of the 3,000 unaccompanied children who are being allowed to enter the UK under the “Dubs amendment” will ultimately need to be placed by the Council, and at what cost. This is a critical issue given the potential costs involved: the Government is being asked to ensure these costs are fully funded.
- 7.12 As members will be aware, schools' funding is provided by the Dedicated Schools Grant (DSG), and is outside the scope of the general fund. Funding for individual schools is calculated by reference to a locally determined formula, which is approved by the Schools' Forum. There is also scope to provide some (tightly prescribed) services which support schools from DSG.
- 7.13 The Government has consulted on sweeping changes to the arrangements for schools' funding. This will include replacement of the local funding formula with a national funding formula, and overhaul of the arrangements for using DSG on anything other than schools' individual budgets.
- 7.14 In addition to these proposals, the Government proposes to substantially reduce the amount of Education Services Grant paid to local authorities. This change will take effect in 2017/18. The reduction will be accompanied by certain changes in LEA duties.
- 7.15 No Government response to the consultation has yet been published, although the bulk of the changes have now been deferred until 2018/19.
- 7.16 Taken together, these changes will have knock-on implications for the general fund, and for the time being a provision has been made in corporate budgets (see paragraph 9 below).

City Development and Neighbourhoods

- 7.17 The department provides a wide range of statutory and non-statutory services which contribute to the well-being and civic life of the city. It brings together divisions responsible for local services in neighbourhoods and communities, economic strategy, tourism, regeneration, the environment, culture, heritage, sport, libraries, housing and property management.

7.18 The department is able to live within its budget for 2017/18. It is also contributing to the savings required by the Council from the Spending Review Programme (in fact, the majority of reviews in the programme are the responsibility of this department). Projects include:-

- (a) Transforming Neighbourhood Services (TNS), which is reviewing local services in the city area by area. In the areas that have been reviewed to date, this has resulted in the relocation of services into a reduced number of buildings, thus saving money on maintaining facilities. Community engagement has been paramount throughout. TNS has also enabled staffing savings to be made, through our organisational review process;
- (b) A review of technical services (facilities management, operational property services, traffic and transport, buildings repairs and maintenance, fleet, stores, energy and environment services). Savings of £10m per annum have been identified and approved, and are in the process of implementation;
- (c) Using Buildings Better, which is an extension of TNS and is reviewing building use throughout the city. In addition to customer facing buildings reviewed by TNS, this programme is looking at operational buildings such as offices and depots, and seeking to reduce the cost of customer contact by means of “channel shift”;
- (d) A review of sports and leisure provision, which is examining how these services can best be run in the future;
- (e) Reviews of Cleansing, Regulatory Services, Arts, Festivals and Museums.

7.19 The main budget pressures facing the department are:-

- (a) Delivering the savings arising from the Technical Services Review, which is a substantial remodelling exercise involving the rationalisation of both staffing structures and occupation of buildings. The savings from this review have already been built into the budget, but close monitoring will be required to ensure it achieves its aims and makes the intended savings;
- (b) Additional landfill tax, arising from a change in legislation relating to the organic content of sand;
- (c) Loss of car park income, arising from sale of the former Granby Halls site.

7.20 These pressures are being addressed through management action.

Corporate Resources and Support

- 7.21 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.
- 7.22 Two substantial spending reviews were completed prior to approval of the 2016/17 budget. These were:-
- (a) A review of support services, which is now saving £3.9m per year. Savings have principally come from the Finance Division; and the Delivery, Communications and Political Governance Division;
 - (b) A review of IT, which has saved £1.2m in 2016/17. Further work is taking place to ensure the full savings of £2.4m per year will be achieved, on time, by 2017/18.
- 7.23 The department is able to manage within its budget ceilings for 2016/17, having absorbed new spending pressures. These pressures include reductions in the housing benefit administration grant, which now amount to £2m per year compared to 2010/11, despite a largely similar caseload.
- 7.24 The main budget pressures facing the department are:-
- (a) Pressures in the Revenues and Benefits Service, as benefit claimants are gradually transferred to Universal Credit. Universal Credit will replace a number of current benefits with a single monthly payment. The new payment will be administered by the DWP, who have different systems to us, and transitional problems (and workload) are envisaged. The transfer is also likely to adversely affect our ability to collect overpaid housing benefit, as DWP will prioritise other debts when making deductions from continuing benefit;
 - (b) Pressures arising from welfare reform, and an expected increase in numbers of residents requiring emergency support (this used to be funded by a DWP grant, which has now ceased);
 - (c) Difficulties in recruiting and retaining qualified legal staff, in the face of additional workload arising from spending reviews and regeneration projects. In particular, there are concerns about our ability to recruit and retain experienced childcare lawyers;
 - (d) An increasing number of cyber-attacks are being experienced by our IT network, requiring additional expenditure to safeguard our systems and data.
- 7.25 These pressures are being addressed through management action.

Public Health

- 7.26 The budget ceiling of the Health and Well Being Division has been reduced to reflect government cuts to specific grant (the Public Health Grant), as described at paragraph 6 above. A reduction of £0.7m is expected in 2017/18, followed by an estimated £0.7m per year in each of 2018/19 and 2019/20.
- 7.27 Spending reductions will be achieved by:-
- (a) Consolidation of a range of children's public health services (school nurses, health visiting and healthy child programme) into a single contract, which will save an estimated £1.3m per year;
 - (b) A review of lifestyle services to develop a single integrated service, focussing predominantly on high risk working age adults. NHS monies to co-fund this service are being sought.

8. Sums to be Allocated to Services

- 8.1 The budget for the **apprentice levy** will meet the cost of a new tax imposed on large employers, which the Government will ringfence for apprentice training. Precise sums will be allocated to departments in due course. This tax amounts to 0.5% of pay costs; sums will also be required from the HRA and individual schools. The Council will have a digital account, out of which we can pay for any training we provide for our apprentices. Work is taking place to establish how we can best utilise this account to help move towards the Government's apprenticeship targets, and to offset the costs of the levy.

9. Corporately held Budgets

- 9.1 In addition to the service budget ceilings, some budgets are held corporately. These are described below (and shown in the table at paragraph 4).
- 9.2 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 approved treasury management strategy, which will be approved by the Council in January. This budget is declining over time, as the Government now provides grant in support of capital expenditure instead of its previous practice of providing revenue funding to service debt.
- 9.3 **Miscellaneous central budgets** include external audit fees, pensions costs of some former staff, levy payments to the Environment Agency, bank charges, the carbon reduction levy, 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.

10. **Future Provisions**

- 10.1 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.
- 10.2 The provision for **inflation** includes money for:-
- (a) An assumed 1% pay award each year in 2018/19 and 19/20;
 - (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.
- 10.3 Paragraph 7 above describes the Government's proposals for **education funding reform**. Whilst details remain unclear, and the major aspects will not be implemented until 2018/19, there will be knock on implications for general fund services: cuts will be made to Education Services Grant (ESG) and some services currently paid for by Dedicated Schools Grant will need to be traded with schools or cease altogether. The ESG cuts will take effect in 2017/18. Whilst the Education and Children's Services Department will make some cuts to mitigate these changes, there will be some resultant cost – the Government is unwinding the current framework which enables us to share some school support costs with the schools themselves. A provision has thus been made for any funding reductions which the department will be unable to mitigate.
- 10.4 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 (the sum set aside in the 16/17 budget, for instance, has now been used as a provision for the costs of education funding reform).

11. **Budget and Equalities (Irene Kszyk)**

- 11.1 The Council is committed to promoting equality of opportunity for its local 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.
- 11.2 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 discrimination;
 - (b) advance equality of opportunity between protected groups and others;

- (c) foster good relations between protected groups and others.
- 11.3 Protected groups under the public sector equality duty are characterised by age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.
- 11.4 When making decisions, the Council (or 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.
- 11.5 This report seeks the Council's 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. 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. This is provided at Appendix Five.
- 11.6 In a nutshell, the likely impact on a household depends on whether or not the household is reliant on social security benefits.
- 11.7 The assessment suggests a very limited impact on the household finances of council tax payers who are not dependent on social security benefits: the increase will be readily mitigated by increased levels of household discretionary income which have been seen nationally (assuming these levels continue). However, the country may face a more uncertain economic future as a result of the referendum to leave the European Union. Future negative impacts on household incomes could undermine the premise this equality impact assessment is based on. However, these are as yet unknown, and the EIA sets out the known potential impacts and the sources used to identify these.
- 11.8 Some households reliant on social security benefits are likely to be adversely affected. This follows from a forecast increase in inflation (2.7% according to the Bank of England) and further implementation of the Government's welfare reforms. That said, the increase in tax alone contributes only a small increase in weekly costs for many benefit dependent households. The Council also has a number of mitigating actions in place to provide support in instances of short term financial crisis.
- 11.9 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. 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 ('The local welfare safety net') describes 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.

- 11.10 Leicester is ranked as the 21st most deprived local authority in the country. 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. The role of Adult Social Care is crucial in this context, and the approval of the additional 2% of council tax to maintain this service provision for a growing number of elderly people will directly contribute to improved outcomes related to health; personal safety; and personal identity, independence and participation in community life.
- 11.11 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 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.

12. **Government Grant**

- 12.1 As can be seen from the table at paragraph 4, Government grant is a major component of the Council's budget.
- 12.2 Funding of local authorities changed in 2013/14, when we started to keep 50% of business rates. (Prior to 2013/14, business rates were handed over in their entirety to the Government, and recycled to local authorities on the basis of a formula). Government grant support now principally consists of:-
- (a) **Revenue Support Grant (RSG)**. This is the main grant which the Government has available to allocate at its own discretion. Consequently, cuts to local authority funding are substantially delivered through reductions in RSG (and the methodology for doing this has disproportionately disadvantaged deprived authorities). The impact on the city has been dramatic (RSG is reducing from £133m in 2013/14, to an estimated £28m in 2019/20). In 2016/17, the Government offered, and we accepted, a four year certainty deal which means the grant figures for 2017/18 to 2019/20 are fixed, "barring exceptional circumstances." As part of the four year certainty offer, the Council published an efficiency plan which can be found on the City Mayor's website;

- (b) A **top-up to local business rates**. The local authority sector keeps 50% of business rates collected, with the balance paid to the Government. In recognition of the fact that different authorities' ability to raise rates does not correspond to needs, a top-up is paid to less affluent authorities (authorities with substantial numbers of highly rated businesses pay a tariff into the system, which funds these top-ups). The amount of our top-up grant was first calculated in 2013/14, and has not changed since, except for inflation. The grant will, however, be re-calculated as part of the 2017/18 settlement. As part of a regular cycle of revaluations, the rates of individual businesses have been re-assessed and will change with effect from April. The Government's intention is that local authorities should neither lose nor gain from the revaluation, and the top-up will be re-calculated as a consequence (the revaluation will see rates in Leicester increase by more than the national average, so our top-up grant will be reduced). [Once we have the final settlement, this report will be amended accordingly.] It should be added that the Government lacks the data to properly calculate the impact of the revaluation on top-up grant, so proxies will be used – we do not yet know how much difference this will make. More importantly, however, the calculation of the top-up grant needs to allow for an expected substantial number of appeals by businesses against the new values. Whether this allowance is adequate or not also remains to be seen, but will be a significant risk for the future (in the first two years of business rates retention, appeals cost local authorities almost twice the amount Government had assumed);
- (c) **New Homes Bonus (NHB)**. This is a grant paid to authorities which roughly matches the council tax payable on new homes, and homes which have ceased to be empty on a long term basis. The system of New Homes Bonus is expected to change, and the Government wishes to reduce the amount it pays by £800m per year. Until now, the grant for each new house has been paid for six years, and the Government has proposed to reduce this to four. More detail about this may be available as part of the local government finance settlement.

12.3 The Government also controls **specific grants** which are given for specific rather than general purposes. These grants 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).

12.4 Some specific grants are subject to change:-

- (a) The **Education Services Grant** is being cut as part of education funding reforms, as described at paragraphs 7 and 10 above;
- (b) The **Better Care Fund** is being increased by £1.5bn per year. This increase is not new money: around half the cost is being met from the proposed cuts to New Homes Bonus (described above); the remainder is reflected in the amount available for Revenue Support Grant. Only £100m of this money is expected to be made available in 2017/18.

Details of how much Leicester will receive are not yet known, although the Government intends to skew distribution towards deprived authorities (recognising that the extra 2% tax rise skews resources towards affluent authorities). Notwithstanding this, the total BCF on offer is insufficient to fully redress the imbalance of additional social care support in favour of more affluent authorities. Unlike previous rounds of BCF, the new tranche will be made available as a grant to local government. It is vital that the full amount is made available for adult social care, which we believe is the Government's intent (previous rounds have involved projects sponsored by both local authorities and the NHS).

- 12.5 The Institute for Fiscal Studies (IfS) has calculated the disproportionate impact of funding cuts on deprived authorities. Since 2009/10, the 10% of authorities most reliant on grant have seen budget cuts averaging 33% in real terms. The 10% of authorities least reliant on grant have seen cuts averaging 9%. This is a consequence of various changes in the funding regime which have had different impacts, and (to some extent) contravened the Government's stated intentions. The IfS states that "the overall impression is of rather confused, inconsistent and opaque policymaking."
- 12.6 Paradoxically, the local government finance settlement for 2016/17 provided some extra, transitional money to authorities who unexpectedly lost out from a change to the way RSG cuts were calculated in 2016/17. This transitional money has generally been made available to more affluent authorities, and the final payment will be made in 2017/18. The Government has refused requests for information on how these allocations have been calculated.

13. **Local Taxation Income**

13.1 Local tax income consists of three elements:-

- (a) The retained proportion of business rates;
- (b) Council tax;
- (c) Surpluses or deficits arising from previous collection of council tax and business rates (collection fund surpluses/deficits).

Business Rates

- 13.2 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".
- 13.3 Rates due from individual businesses are calculated with reference to "rateable value" (RV). This is a sum calculated for each business by the Valuation Office Agency (a government agency), and for most properties the main driver of RV is rental values. Rateable value is multiplied by a nationally

set “multiplier”, to calculate gross rates due from which any exemptions or reliefs are deducted.

- 13.4 The Government asks the Valuation Office Agency to recalculate RVs every five years (although the revaluation due in 2015 was deferred). The next revaluation will take effect in 2017/18, and provisional lists of values are available now. Total RV in Leicester will increase by 17%, considerably higher than the national average of 10% and the East Midlands average of 7%. To a large extent, this reflects changes in rental values arising from successful regeneration of the city – we are by this measure a victim of our own success.
- 13.5 Business rates payable by Leicester businesses will be based on the new rateable values, although the multiplier will be lower than it otherwise would have been (the Government seeks to ensure that the total national yield does not increase as a result of revaluation). There will also be a transitional scheme which will phase in increases and decreases over time. Nonetheless, many Leicester businesses will see substantial increases in due course.
- 13.6 In advance of the local government finance settlement, we have estimated rates income based on the old rateable values. These will be reviewed prior to the final report being presented to Council, although (as discussed at paragraph 12 above) we would expect any increase in rates to be offset by reductions in top-up grant.
- 13.7 Our estimates of rates income will also require us to forecast the amount of income we will lose as a consequence of successful appeals: this is likely to be significant, and difficult to estimate (particularly given the scale of increases in RV). The cost ought to be allowed for in our top-up grant, but there is a real risk that this will be insufficient. This has been reflected in current estimates.
- 13.8 The Council is part of a “business rates pool” with other authorities in Leicestershire. Pools are beneficial in cases where shire district councils’ rates are expected to grow, as pooling increases the amount of rates which can be retained in those areas. Conversely, if district councils’ rates decline, this transfers risk to the pool authorities. (Oddly, our own rates do not affect the pool). In 2015/16, the pool made a substantial surplus of £2.7m: £0.7m of this was retained as a contingency, and £2m was paid to the LEP for area wide regeneration projects. A surplus of £4m is also forecast for 2016/17. Forecasting the pool surplus in 2017/18 is extremely difficult, given the impact of revaluation, and the impact of future appeals adds a new level of risk. A decision can be taken to disband the pool if the finance settlement suggests that the risk in 2017/18 would be too great.
- 13.9 The Government is planning to introduce 100% business rates “by 2020” (which could be 19/20 or 20/21). 100% business rates retention means local government will keep 100% of rates, not just the current 50%. As a consequence, RSG will cease. By 2019/20, 50% of national rates will exceed forecast RSG. This does not, however, mean that authorities will be better

off. The Government will ensure that the changes are “fiscally neutral” at national level by adding to the responsibilities which authorities must pay for. How the change will affect us locally is not known – the Government plans to carry out a re-assessment of need which may be to our benefit (depending on how it is done). The City Mayor has responded to a consultation on 100% business rates retention, which took place over the summer. The table at paragraph 4.1 shows forecast RSG in 2019/20, thereby assuming that 100% business rates retention (if implemented) will be neutral.

Council Tax

- 13.10 Council tax income is estimated at £99.5m in 2017/18, based on a tax increase of just below 4%. For planning purposes, a tax increase of just below 4% has also been assumed in 2018/19 and 2019/20.
- 13.11 The Council is unable to increase tax by 4% or more without first seeking endorsement by means of a local referendum. The “referendum limit” is 2% higher than it is for authorities generally: this concession is only available to social care authorities, and is designed to help mitigate the growing costs of social care (including the national living wage). Over 4 years, the extra income amounts to some £8m, which (as can be seen from paragraph 7 above) falls well short of meeting the estimated additional costs. The policy of allowing increases in council tax, as opposed to providing more central funding, also exacerbates the disproportionate impact Government policy has had on deprived authorities. The Government will partially address this in the way it distributes the proposed additional BCF monies. However, a comparison of the amount the Council will receive over 3 years from the combined 2% and additional BCF has been carried out by Sigoma. This suggests the Council will receive £1.7m less than it would have done compared to the needs formula for adult social care. Deprived authorities generally are in the same position. Surrey, by contrast, will be £18m better off.

Collection Fund Surpluses/Deficits

- 13.12 Collection fund surpluses arise when more tax is collected than assumed in previous budgets. Deficits arise when the converse is true.
- 13.13 The Council has a **council tax collection fund surplus** of £0.8m, after allowing for shares paid to the police and fire authorities.
- 13.14 No surplus or deficit is currently forecast in respect of business rates.

14. General Reserves and the Managed Reserves Strategy

- 14.1 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.

14.2 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 15 below.

14.3 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. The 2016/17 budget was heavily dependent on the use of reserves, although some remain to support 2017/18 and 2018/19.

14.4 The managed reserves strategy will be extended as far as we can:-

- (a) Following a review of earmarked reserves during 2016/17, £4.9m has been identified as no longer required and added to the monies set aside for the managed reserves strategy;
- (b) The rolling programme of spending reviews enables any in-year savings to extend the strategy. Additional money has been made available since the 2016/17 budget was set, and future reviews should enable further contributions to be made.

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

	2016/17	2017/18	2018/19
	£m	£m	£m
Brought forward	40.9	25.2	4.6
Additional spending review savings	3.3		
Earmarked reserves review	4.9		
Planned use	(23.9)	(20.7)	(4.6)
Carried forward	25.2	4.6	NIL

15. Earmarked Reserves

15.1 Appendix Six shows the Council's earmarked revenue reserves. These are set aside for specific purposes.

15.2 As stated above, departmental earmarked reserves have been reviewed; the purposes for which each was held have been challenged, and consequently £4.9m has been made available to support the managed reserves strategy. Appendix Six shows the estimated year end balances of departmental reserves as at period 6 in 2016/17.

15.3 Appendix Six also shows the Council's non-departmental earmarked reserves, and reserves which are ringfenced by law.

15.4 The appendix repeats the information shown in the Revenue Monitoring report for period 6, considered by Overview Select Committee in December, 2016.

16. **Risk Assessment and Adequacy of Estimates**

16.1 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.

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

16.3 In my view, although very difficult, the budget for 2017/18 is achievable subject to the risks and issues described below.

16.4 The most substantial risks are in social care, specifically the risks of further growth in the cost of care packages, and inability to contain the costs of looked after children. These risks are the ones which will require the most focussed management attention in 2017/18.

16.5 There are also risks in the 2017/18 budget arising from:-

(a) Ensuring spending reviews which have already been approved, but not yet implemented, deliver the required savings. The most significant of these is the Technical Services review, which is discussed further at paragraph 7 above;

(b) Achievability of estimated rates income (although technically any shortfall will appear as a collection fund deficit in the 2018/19 budget). The key concern is the extent to which ratepayers will successfully appeal their new valuations, although there are still appeals outstanding from the previous revaluation which would result in backdated reductions if successful.

16.6 In the longer term, the risks to the budget strategy arise from:-

(a) Non-achievement, or delayed achievement, of the remaining spending review savings;

(b) Failure to achieve sufficient savings over and above the spending review programme;

(c) Loss of future resources, particularly in the transition to 100% business rates retention;

(d) Costs arising from the education funding reforms, over and above those for which provision has already been made.

16.7 A further risk arises from the implementation of the National Living Wage. This has effectively removed bands 1 and 2 from our pay structure, meaning differentials have ceased to be meaningful at the lower ends of the pay scale.

The LGA is currently reviewing the pay spine, with a view to making it fit for purpose again: recommendations have not yet been made, although it is hard to see what could be recommended other than wage increases to pay bands just above the national living wage.

- 16.8 Further risk is economic downturn, nationally or locally. This could result in new cuts to Revenue Support Grant (the Government has reserved its position over 4 year certainty, in the event of a substantial downturn); 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 decision to leave the EU may have increased this risk.
- 16.9 The budget seeks to manage these risks as follows:-
- (a) A minimum balance of £15m reserves will be maintained;
 - (b) A planning contingency is included in the budget from 2018/19 onwards (£3m per annum accumulating);
 - (c) Savings from the Council's minimum revenue provision policy are being saved until they are required (see paragraph 19).
- 16.10 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 2017/18, some exceptions are made, and it is believed that services will be able to manage without an allocation).

17. **Consultation on the Draft Budget**

- 17.1 Comments on the draft budget will be sought from:-
- (a) Business community representatives (a statutory consultee);
 - (b) The Council's scrutiny function;
 - (c) The Council's trade unions;
 - (d) Key partners and other representatives of communities of interest.
- 17.2 Comments received will be included in the final version of this report.

18. **Borrowing**

- 18.1 Local authority capital expenditure is self-regulated, based upon a code of practice (the "prudential code").
- 18.2 The Council complies with the code of practice, which requires us to demonstrate that any borrowing is affordable, sustainable and prudent. To

comply with the code, the Council must approve a set of indicators at the same time as it agrees the budget. The substance of the code pre-dates the recent huge cutbacks in public spending, and the indicators are of limited value.

- 18.3 Since 2011/12, the Government has been supporting all new general fund capital schemes by grant. Consequently, any new borrowing has to be paid for ourselves and is therefore minimal.
- 18.4 Attached at Appendix Three are the prudential indicators which would result from the proposed budget. A limit on total borrowing, which the Council is required to set by law, is approved separately as part of the Council's treasury strategy.
- 18.5 The Council will continue to use borrowing for "spend to save" investment which generates savings to meet borrowing costs.

19. **Minimum Revenue Provision**

- 19.1 By law, the Council is required to charge to its budget each year an amount for the repayment of debt. This is known as "minimum revenue provision" (MRP). The Council approved a new approach in November, 2015, and the proposed policy for 2017/18 is shown at Appendix Four.
- 19.2 The proposed MRP policy results in revenue account savings when compared to the old approach, although these are paper rather than real savings – they result from a slower repayment of historic debt.
- 19.3 The proposed budget for 2017/18 would use the savings made in that year to set aside additional monies for debt repayment (voluntarily). This creates a "virtuous circle", i.e. it increases the savings in later years when we will need them more.
- 19.4 The approach to savings in 2018/19 and later years will be considered when the budgets for those years are prepared. At present, the capital financing estimates assume that the previous policy continues to apply.
- 19.5 Members are asked to note that the extent of savings available from the policy change will tail off in the years after they are fully brought into account.

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/Emma Horton)**

- 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 more or less funds than are requested by the Mayor in his proposed budget.
- 21.3 As well as detailing the recommended council tax increase for 2017/18, 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 will undertake tailored consultation exercises with wider stakeholders.
- 21.5 As set out at paragraph 2.12, 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 11. 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 Five.

- 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	Y	Paragraph 11
Policy	Y	The budget sets financial envelopes within which Council policy is delivered
Sustainable and Environmental	N	The budget is a set of financial envelopes within which service policy decisions are taken. The proposed 2016/17 budget reflects existing service policy.
Crime & Disorder	N	
Human Rights Act	N	
Elderly People/People on Low Income	N	

23. **Report Author**

Mark Noble
Head of Financial Strategy

30th November 2016

Appendix One

Budget Ceilings

1. City Development & Neighbourhoods

1.1 Local Services and Enforcement

Divisional Management	202.7	0.0	1.7	204.4	
Regulatory Services	4,398.5	(50.0)	55.2	4,403.7	
Waste Management	15,248.4	0.0	285.9	15,534.3	
Parks & Open Spaces	4,122.9	(430.0)	102.4	3,795.3	
Neighbourhood Services	5,910.5	(111.0)	40.4	5,839.9	
Standards & Development	715.9	0.0	11.3	727.2	
Divisional sub-total	30,598.9	(591.0)	0.0	496.9	30,504.8

1.2 Tourism, Culture & Inward Investment

Arts & Museums	4,985.0	0.0	25.9	5,010.9	
De Montfort Hall	969.7	0.0	18.9	988.6	
City Centre	324.5	0.0	1.8	326.3	
Inward Investment	192.7	0.0	1.9	194.6	
Economic Development	457.2	0.0	10.5	467.7	
Markets	(388.1)	0.0	6.6	(381.5)	
Management - TCII	55.0	0.0	1.8	56.8	
Divisional sub-total	6,596.0	0.0	0.0	67.4	6,663.4

1.3 Planning, Transportation & Economic Development

Transport Strategy	8,403.5	0.0	29.6	8,433.1	
Traffic Management	1,526.4	0.0	35.2	1,561.6	
Highways Design & Maintenance	6,199.5	(50.0)	2.2	6,151.7	
Planning	1,057.1	0.0	21.5	1,078.6	
Divisional Management	194.5	0.0	2.0	196.5	
Divisional sub-total	17,381.0	(50.0)	0.0	90.5	17,421.5

1.5 Investment

Property Management	6,813.5	0.0	68.6	6,882.1	
Environment team	329.4	0.0	3.0	332.4	
Energy Management	635.9	0.0	7.0	642.9	
Divisional sub-total	7,778.8	0.0	0.0	78.6	7,857.4

1.6 Housing Services

	4,414.7	0.0	0.0	61.2	4,475.9
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1.7 Departmental Overheads

	657.0	0.0	0.0	1.6	658.6
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1.8 Fleet Management

	111.8	(103.0)	0.0	1.8	10.6
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Savings to be allocated	0.0	(1,816.5)	0.0	0.0	(1,816.5)
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DEPARTMENTAL TOTAL	67,538.2	(2,560.5)	0.0	798.0	65,775.7
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	2016/17 budget £'000s	Spending Review savings £'000s	Social care pressures £'000s	Inflation £'000s	Budget 2017/18 £'000s
2. Adults					
2.1 Adult Social Care & Safeguarding					
Other Management & support	1,752.7	0.0		13.9	1,766.6
Safeguarding	543.0	0.0		6.9	549.9
Preventative Services	7,914.0	0.0		72.6	7,986.6
Independent Sector Care Package Costs	75,522.0	0.0		1,179.8	76,701.8
Care Management (Localities)	7,274.2	0.0		74.7	7,348.9
Divisional sub-total	93,005.9	0.0	0.0	1,347.9	94,353.8
2.2 Adult Social Care & Commissioning					
Enablement & Day Care	4,723.7	0.0		48.2	4,771.9
Care Management (LD & AMH)	5,426.0	0.0		53.7	5,479.7
Preventative Services	3,746.3	0.0		2.1	3,748.4
Contracts, Commissioning & Other Support	2,695.3	0.0		30.0	2,725.3
Substance Misuse	5,282.7	0.0		0.0	5,282.7
Departmental	(12,396.0)	0.0	1,578.0	4.8	(10,813.2)
Divisional sub-total	9,478.0	0.0	1,578.0	138.8	11,194.8
2.3 City Public Health & Health Improvement					
Sexual Health	4,390.6	0.0		0.0	4,390.6
NHS Health Checks	521.0	0.0		0.0	521.0
Children 0-19	10,367.5	0.0		0.0	10,367.5
Smoking & Tobacco	972.0	0.0		0.0	972.0
Substance Misuse	327.0	0.0		0.0	327.0
Physical Activity	1,623.2	0.0		0.0	1,623.2
Health Protection	55.0	0.0		0.0	55.0
Public Mental Health	234.0	0.0		0.0	234.0
Public Health Advice & Intelligence	90.0	0.0		0.0	90.0
Staffing & Infrastructure	1,288.7	0.0		0.0	1,288.7
Sports Services	3,491.8	0.0		54.0	3,545.8
Divisional sub-total	23,360.8	0.0	0.0	54.0	23,414.8
2.4 Public Health grant income	(28,214.0)	0.0	0.0	0.0	(28,214.0)
DEPARTMENT TOTAL	97,630.7	0.0	1,578.0	1,540.7	100,749.4

	2016/17 budget £'000s	Spending Review savings £'000s	Social care pressures £'000s	Inflation £'000s	Budget 2017/18 £'000s
3. Education & Children's Services					
3.1 Strategic Commissioning & Business Support					
Divisional Budgets	640.9	0.0		7.3	648.2
Operational Transport	(111.6)	0.0		0.0	(111.6)
Divisional sub-total	529.3	0.0	0.0	7.3	536.6
3.2 Learning Quality & Performance					
Raising Achievement	1,872.4	0.0		17.8	1,890.2
Adult Skills	(870.4)	0.0		0.0	(870.4)
School Organisation & Admissions	794.8	0.0		5.0	799.8
Special Education Needs and Disabilities	6,783.5	0.0		27.2	6,810.7
Divisional sub-total	8,580.3	0.0	0.0	50.0	8,630.3
3.3 Children, Young People and Families					
Children In Need	9,490.1	0.0		58.9	9,549.0
Looked After Children	33,448.7	0.0	4,692.0	221.1	38,361.8
Safeguarding & QA	2,128.5	0.0		21.0	2,149.5
Early Help Targeted Services	8,948.7	0.0		86.5	9,035.2
Early Help Specialist Services	5,266.4	0.0		56.6	5,323.0
Divisional sub-total	59,282.4	0.0	4,692.0	444.1	64,418.5
3.4 Departmental Resources					
Departmental Resources	(5,677.7)	0.0		6.7	(5,671.0)
Education Services Grant	(4,468.1)	0.0		0.0	(4,468.1)
Divisional sub-total	(10,145.8)	0.0	0.0	6.7	(10,139.1)
DEPARTMENTAL TOTAL	58,246.2	0.0	4,692.0	508.1	63,446.3
4. Corporate Resources Department					
4.1 Delivery, Communications & Political Gover	5,685.6	0.0	0.0	33.8	5,719.4
4.2 Financial Services					
Financial Support	6,218.9	0.0		70.6	6,289.5
Revenues & Benefits	5,767.9	0.0		81.1	5,849.0
Divisional sub-total	11,986.8	0.0	0.0	151.7	12,138.5
4.3 Human Resources	3,963.2	0.0	0.0	42.2	4,005.4
4.4 Information Services	10,084.6	(1,200.0)	0.0	64.0	8,948.6
4.5 Legal Services	2,017.1	0.0	0.0	38.0	2,055.1
DEPARTMENTAL TOTAL	33,737.3	(1,200.0)	0.0	329.7	32,867.0
GRAND TOTAL -Service Budget Ceilings	257,152.4	(3,760.5)	6,270.0	3,176.5	262,838.4

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 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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Recommended Prudential Indicators

1. Introduction

1.1 This appendix details the recommended prudential indicators for general fund borrowing and HRA borrowing.

2. Proposed Indicators of Affordability

2.1 The ratio of financing costs to net revenue budget:

	2017/18 Estimate %	2018/19 Estimate %	2019/20 Estimate %
General Fund	5.4	5.5	5.4
HRA	11.4	11.9	12.3

2.2 The estimated incremental impact on council tax and average weekly rents of capital investment decisions proposed in the general fund budget and HRA budget reports over and above capital investment decisions that have previously been taken by the Council are:

	2017/18 Estimate £	2018/19 Estimate £
Band D council tax	0.0	0.0
HRA rent	0.0	0.0

3. Indicators of Prudence

- 3.1 The forecast level of capital expenditure to be incurred for the years 2016/17 and 2017/18 (based upon the Council capital programme, and the proposed budget and estimates for 2017/18) are:

Area of expenditure	2016/17 Estimate £000s	2017/18 Estimate £000s
Children's services	20,467	41,310
Young People	438	1,097
Resources ICT	951	1,880
Transport	15,271	45,333
Cultural & Neighbourhood Services	7,350	1,298
Environmental Services	2,375	284
Economic Regeneration	41,679	28,864
Adult Care	934	15,571
Public Health	390	120
Property	7,769	2,715
Vehicles	501	3,100
Housing Strategy & Options	2,121	3,600
Corporate Loans	1,000	-
Total General Fund	101,246	145,172
Housing Revenue Account	22,080	17,130
Total	123,326	162,302

- 3.2 The capital financing requirement measures the authority's underlying need to borrow for a capital purpose is shown below. This includes PFI recognised on the balance sheet.

	2016/17 Estimate £m	2017/18 Estimate £m	2018/19 Estimate £m	2019/20 Estimate £m
General Fund	364	347	330	313
HRA	213	212	211	211

4. Treasury Limits for 2017/2018

- 4.1 The Treasury Strategy which includes a number of prudential indicators required by CIPFA's prudential code for capital finance has been included as part of a separate report to Council.

Minimum Revenue Provision Policy

1. Introduction

- 1.1 This policy sets out how the Council will calculate the minimum revenue provision chargeable to the General Fund in respect of previous years' capital expenditure, where such expenditure has been financed by borrowing.

2. Basis of Charge

- 2.1 Where borrowing pays for an asset, the debt repayment calculation will be based on the life of the asset.
- 2.2 Where borrowing funds a grant or investment, the debt repayment will be based upon the length of the Council's interest in the asset financed (which may be the asset life, or may be lower if the grantee's interest is subject to time limited restrictions).
- 2.3 Where borrowing funds a loan to a third party, the basis of charge will normally be the period of the loan (and will never exceed this). The charge would normally be based on an equal instalment of principal, but could be set on an annuity basis where the Director of Finance deems appropriate.

3. Commencement of Charge

- 3.1 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 of an asset, the charge will commence in the year in which the asset becomes operational. Where expenditure will be recouped from future income, and the receipt of that income can be forecast with reasonable certainty, the charge may commence when the income streams arise.

4. Asset Lives

- 4.1 The following maximum asset lives are proposed:-
- Land – 50 years;
 - Buildings – 50 years;
 - Infrastructure – 40 years;
 - Plant and equipment – 20 years;
 - Vehicles – 10 years;
 - Loan premia – the higher of the residual period of loan repaid and the period of the replacement loan;

5. **Voluntary Set Aside**

- 5.1 Authority is given to the Director of Finance to set aside sums voluntarily for debt repayment, where she believes the standard depreciation charge to be insufficient, or in order to reduce the future debt burden to the authority.

6. **Other**

- 6.1 In circumstances where the treasury strategy permits use of investment balances to support investment projects which achieve a return, the Director of Finance may adopt a different approach to reflect the financing costs of such schemes. A different approach may also be adopted for other projects which aim to achieve a return.

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Equality Impact Assessment

1. The purpose of this appendix is to present the equalities impact of the proposed 3.99% council tax increase.
2. **Purpose of the increase**
 - 2.1 There are two elements to the proposed tax increase:
 - (a) A 2% increase to address Adult Social Care funding needs outlined in the budget strategy;
 - (b) A 1.99% increase in council tax to enable the council to maintain its budgeted policy commitments.
3. **Who is affected by the proposal?**
 - 3.1 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 reduction scheme (CTRS) 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.
 - 3.2 NOMIS¹ figures for the city's working age population (June 2016) indicated that there are 159,000 economically active residents in the city, of whom 6.6% are unemployed. As of February 2016, there were 32,000 working age benefit claimants (14.0% of the city's working age population of 229,000), with 25,000 of these in receipt of out of work benefits. The working age population is inclusive of all protected characteristics.
4. **How are they affected?**
 - 4.1 The chart 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 CTRS.
 - 4.2 For band B properties (80% of the city's properties are in bands A or B), the proposed annual increase in council tax is £42.11; the minimum annual increase for households eligible under the CTRS would be £8.42.

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

Band	No. of Households	Weekly Increase	Maximum Relief (80%)	Minimum Weekly Increase
A-	243	£0.58	£0.46	£0.12
A	80066	£0.69	£0.55	£0.14
B	26153	£0.81	£0.65	£0.16
C	15485	£0.92	£0.65	£0.27
D	6732	£1.04	£0.65	£0.39
E	3279	£1.27	£0.65	£0.62
F	1459	£1.50	£0.65	£0.85
G	597	£1.73	£0.65	£1.08
H	39	£2.08	£0.65	£1.43
Total	134053			

5. Risks over the coming year:

- 5.1 One of the main risks to household income over the coming year is increased inflation. The November 2016 forecast by the Bank of England anticipates a CPI inflation rate of 2.7% in the third quarter of 2018, arising from the drop in value of the pound. Some industry sources expect an increase of up to 5% in food prices over the next year. Because food takes up a larger proportion of low income household expenditure, and their income levels have been squeezed by the Government's welfare reforms (ASDA tracker, June 2016), increases in food prices will have the most significant impact on these households.
- 5.2 Another area of cost increase could be fuel and oil, as a result of the decision by OPEC to reduce its supplies to the energy markets. Costs rose by 6% in September 2016 as result of this decision alone. It is likely we will see increases in fuel and energy costs over time as a result of this OPEC decision.
- 5.3 Incomes of households reliant on social security benefits continue to be squeezed with the Government's continued implementation of the welfare reform programme. There are a range of specific reductions alongside the far ranging freeze in the level of benefits until 2020. This will reduce the ability of low income households to respond to the above anticipated inflationary

pressures, particularly in regard to the cost of food. The chart below 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.

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).

6. **Offset by current trends:**

- 6.1 There has been a continuing decrease in the percentage of the working age population unemployed in Leicester (NOMIS): June 2016, 6.6%, (down from June 2015, 7.7%; June 2014, 11.8%; and June 2013, 13.9%).
- 6.2 The supermarket ASDA tracks household expenditure. The tracker for June 2016 indicated that the national increase in average household discretionary income was £10 per week compared to June 2015. However, the level of increase is starting to be affected by inflationary rises for essential household items. The tracker nonetheless found that wage growth remains well about the inflation rate.
- 6.3 The Joseph Rowntree Foundation’s annual “Minimum Income Standard” for 2016 highlighted the emerging trend of families seeking more economical ways of maintaining their standard of living, by shopping around and using the internet for price comparisons. They cited weekly savings of £7 in fuel costs for a family with children by switching suppliers. The Minimum Income Standard also observed that a significant proportion of childcare costs for families in receipt of Universal Credit and tax credits were being covered for them (by 85% and 70% respectively); and that the introduction by the Government of free childcare for 3 and 4 year olds will further ease pressures on household incomes for those with young children.

7. **Overall impact:**

- 7.1 Any increased costs will be a problem for some households with limited incomes, as they will be squeezed by the next round of welfare reforms alongside anticipated inflationary increases of many basic household items such as food and fuel.
- 7.2 The weekly increase in council tax, however, is small for many of these households, as can be seen from the table above.

8. Mitigating actions:

- 8.1 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).

9. What protected characteristics are affected?

- 9.1 The chart 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.
- 9.2 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.

Analysis of impact based on protected characteristic

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Age	<p>Older people are least affected – they receive protection from inflation in the uprating of state pensions; and 100% reductions are available under the CTRS.</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. The tax increase could have an impact on such household incomes.</p>	<p>Working age households – incomes 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 better managing household budgets.</p>
Disability	<p>Disability benefits have been reduced over time as thresholds for support have increased. The tax increase could have an impact on such household incomes.</p>	<p>Further erode quality of life being experienced by disabled people as their household incomes are squeezed further by anticipated inflation.</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>

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Gender Reassignment	No disproportionate impact is attributable specifically to this characteristic.		
Marriage and Civil Partnership	Couples receive benefits if in need, irrespective of their legal marriage or civil partnership status. No disproportionate impact is attributable specifically to this characteristic.		
Pregnancy and Maternity	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 protected characteristic.		
Race	Those with white backgrounds are disproportionately on low incomes (indices of multiple deprivation) and in receipt of social security benefits. Some BME are also low income and on benefits. The tax increase could have an impact on such household incomes.	Household income being further squeezed through low wages and reducing levels of benefit income, along with anticipated inflation.	Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on better managing household budgets.

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Religion or Belief	No disproportionate impact is attributable specifically to this characteristic.		
Sex	Disproportionate impact on women who tend to manage household budgets and are responsible for childcare costs. Women are disproportionately lone parents.	Incomes squeezed through low wages and reducing levels of benefit income, along with anticipated inflation.	If in receipt of Universal Credit or tax credits, a significant proportion of childcare costs are met by these sources. Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on better managing household budgets.
Sexual Orientation	No disproportionate impact is attributable specifically to this characteristic.		

Earmarked Reserves		Appendix Six
Earmarked Revenue Reserves-Departmental	Balance at 1st April 2016	Forecast Balance 31-3-2017
	<i>{£000}</i>	<i>{£000}</i>
<u>Adult Care</u>		
Adult and Children's Social Care IT System (Liquidlogic)	354	193
Amount required to balance 16/17 budget	331	-
<u>Children's</u>		
Amount required to balance 16/17 budget	5,005	-
<u>City Development (excluding Housing)</u>		
Strategic Reserve	1,139	954
Central Maintenance Fund	436	-
On Street Parking - commitments	432	-
Other CDN	1,078	637
<u>Housing</u>		
Provision for Bed & Breakfast Costs	400	400
Other Housing	966	829
<u>Public Health</u>		
Outdoor Gyms Reserve	727	-
Provision for Severance Costs	910	410
Food Growing Hubs Initiative (17/18)	93	93
<u>Corporate Resources</u>		
Replacement of Finance System	1,250	1,250
Service Analysis Team	624	624
Channel Shift Reserve	1,702	1,702
ICT Development Fund	2,156	2,156
PC Replacement Fund	939	939
Surplus Property Disposal Costs	1,000	1,000
Electoral Services	619	619
Legal Services Divisional Reserve	521	521
Election Fund	1,020	1,020
Strategic Initiatives	500	500
Other Corporate Resources	2,339	1,800
TOTAL DEPARTMENTAL RESERVES	24,541	15,647

	Balance at 1st April 2016 <i>{£000}</i>
Corporate Reserves	
Earmarked Reserves Declared Surplus	4,914
Managed Reserves Strategy	40,936
BSF Financing	24,812
Capital Programme Reserve	17,125
Severance Fund	8,094
Insurance Fund	11,121
Service Transformation Fund	6,135
Welfare Reform Reserve	4,533
Other Corporate Reserves	2,249
Total Corporate Reserves	119,919
Ringfenced Monies	
NHS Joint Working Projects	5,275
DSG not delegated to schools	16,705
School Capital Fund	2,829
Schools Buy Back	923
Primary PRU Year-End Balance	71
Secondary PRU Year-End Balance	175
Schools' Balances	19,583
Total Ringfenced Monies	45,561

Comments from Partners

[To complete later]

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Spending Review Programme

	Review	Summary	Savings Reported (£m)	Outstanding Savings (£m)
1.	Corporate Resources	In implementation.	3.9	Nil
2.	Transforming Neighbourhood Services	Reviewing community use buildings on an area by area basis (libraries, community centres, adult skills, customer service centres).	0.9	0.8
3.	Voluntary and Community Services	Complete.	0.1	Nil
4.	HRA Charging	Complete (decisions taken).	4.0	Nil
5.	Sports and Leisure	Review of Council's direct sports provision and sports development.		2.0
6.	Parks and Open Spaces	In implementation.	1.5	Nil
7.	Park and Ride	Service expected to become self-financing.		0.2
8.	External Communications	Complete.	0.1	Nil
9.	Substance Misuse	Complete.	1.0	Nil
10.	Welfare Advice	Decision taken.	0.2	Nil
11.	Investment Property.	Review of property assets held for investment income.		0.6
12.	IT	Complete, in implementation.	2.4	Nil
13.	Homelessness Services	Review of services to prevent homelessness. Service already restructured to focus on prevention; savings of £0.8m achieved.	0.8	0.7
14.	Technical Services	Covers facilities management, operational property services, traffic and transport, repairs and maintenance of all buildings (including housing), fleet management, stores, energy, environment team. In implementation.	10.1	0
16.	Children's Services	All services provided by Education and Children's Services, other than schools and social care.		5.0
17.	Regulatory Services	Protective services including neighbourhood protection, business regulation, pest control, licensing and community safety.	0.2	0.8
18.	Cleansing and Waste	City and neighbourhood cleansing, litter disposal, waste collection and disposal (including PFI arrangements).		2.5
19.	City Centre	Services provided by City Centre Division, including tourism.	0.1	

	Review	Summary	Savings Reported £m	Savings Outstanding (£m)
20.	Using Buildings Better	Extends scope of Transforming Neighbourhoods to review other neighbourhood buildings (depots and local non-customer facing offices). Revenue savings will arise from channel shift and staff accommodation.		2.0
21.	Arts Organisations	De Montfort Hall and grants to Curve/Phoenix.		0.7
22.	Museums	Cost of managing and running buildings and collections. Scope does not include removal of free admission.		0.7
23.	Car Parking and Highways Maintenance	Maximise net income and reduce cost of operating car parks; and increase available surplus from on-street parking. Review options for savings in highways division.		0.7
24.	Festivals	Review of Council support to festivals.		0.1
25.	Community and Voluntary Organisations	Review support to a number of VCS bodies supported by Community Services.		TBD
26.	Parks standards and development	Efficiency savings.		0.2
27.	Community Capacity Building	Revisit current arrangements with Voluntary Action Leicester and other projects.		0.2
28.	Civic and Democratic Services	Democratic and civic functions.		0.2
29.	Departmental Administration	Review of departmental administrative services with view to rationalisation, automation, management of admin and removal of duplication.		1.0
30.	Adult Learning	Aim to increase the £0.8m currently contributing to Council support. Service is entirely grant funded, and finance input will be required to ensure grant conditions are complied with.		0.4
31.	Advice Services (follow up)	Review of internal and external advice services provided by internal Welfare Rights Service, STAR service and external organisations. Aims to eliminate duplicate provision.		0.5

	Review	Summary	<u>Savings Reported</u> £m	<u>Savings Outstanding</u> (£m)
32.	Health Services	Ongoing review of services promoting health, including Health and Wellbeing Division; and services contributing to healthy lifestyles. Savings cannot be made to extent that service is funded by ringfenced public health grant.		TBD

Total

25.2

19.4

NB: This appendix will be brought up to date for any new approvals between now and February 2017.

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Adult Social Care Scrutiny Commission

Final 2015/16 ASCOF Data

Date: 24th January 2017

Lead Director: Steven Forbes



Leicester
City Council

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 information on Leicester's own and comparative performance against measures in the Adult Social Care Outcome Framework (ASCOF), the national performance regime for Adult Social Care, for the financial year 2015/16.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and makes comment on the contents.

3. Report

- 3.1 Significant changes were introduced in ASCOF in 2014/15 following the zero based review of statutory collections. A number of definitions were amended to fit the new data collections. In addition, a new ASCOF measure (2D) was introduced in 2014/15. This has had some impact on the comparability of time series data. The only significant issue with the ASCOF indicators 2015/16 relates to a change in the data source for the two mental health indicators (1F and 1H). As a consequence, only data for the first eight months of the year has been used to calculate the ASCOF score. It should also be noted that the carers' survey is only undertaken every two years, the survey was not carried out in 2015/16 and as such there is no data for measures 1D, 1I (part2), 3B, 3C and 3dD (part2).
- 3.2 The overall picture for ASC performance in 2015/16 is encouraging, with 71% of targets met and 68% of measures showing improvement from 2014/15. Equally our comparative position has been positive, with 64% of measures improving in the England rankings.
- 3.3 Based on the data key achievements for the year include:
- Users Survey data - We have met our targets, and showed improvement on last year's results for six of the seven ASCOF measures derived from the survey. The one measure not to meet its target was only 0.4% short. Equally our national ranking for six of the seven improved.
 - ASCOF 1C (parts 1a, 1b, 2a and 2b) – Service users and carers receiving self-directed support. Targets have been met or exceeded for all four elements of this measure and we are in the top quartile for performance in England.
 - ASCOF 1F and 1H – Performance is above target for these measures relating to people with MH being in paid employment and living independently in settled accommodation.
 - ASCOF 2Aii – The BCF target for older people being admitted on a permanent basis to

residential or nursing care has been met, and we have moved from the third to the second performance quartile for England.

- ASCOF 2B (part 1) – proportion of older people at home 91 days after hospital discharge following reablement support has met the BCF target and we have moved from the third to the first quartile for England.
- ASCOF 2C (parts 1 & 2) - Both elements of the delayed discharge measures have shown significant improvement from last year and have met the BCF target (based on NHS rather than ASCOF definition). Our national performance for part 1 has seen a move from the fourth to the first quartile.

3.4 Based on the data, areas of concern include:

- ASCOF 1E – The proportion of adults with LD in paid employment failed to meet our target and shows a year on year deterioration in performance since 2012/13. However, our performance remains in the second quartile for England.
- ASCOF 2Ai – The number and rate of admissions to residential or nursing care for the working age population increased markedly (although the actual numbers are small) over the year and we failed to meet our target. We also dropped from the second to the third quartile for England. We have noted a number of people aged 55 - 65 who enter care as a result of physical health issues but who die shortly afterwards, indicating an end of life pathway rather than premature admission to care.
- ASCOF 2B (part 2) – While we see improvement in the percentage of service users still at home 91 days after reablement following a hospital discharge, the number of people entering / completing reablement after hospital discharge has fallen. This was the result of planned action agreed after targets had been set to ensure that only those discharged patients likely to benefit from reablement would be accepted, with a more appropriate pathway identified for those unlikely to benefit.
- ASCOF 2D – The outcomes of reablement (reported here for the second year) have fallen. It must be noted that reablement services vary significantly between councils; some have no access criteria and provide services to everyone that has a potential need including low level needs. Others, including Leicester are targeted at people with a level of need that, if unaddressed, would likely require the council to provide ongoing services. Against this target we are in the bottom quartile for England for this measure, although, our performance in terms of reaching ‘full independence’ or having reduced needs are improving. However it should be noted that in Leicester many people (550 +per month) are supported by the Integrated Crisis Response Service rather than reablement support, and 75% are fully independent following this.

3.5 A summary of performance in 2015/16 is presented below:

Performance where comparison to 2014/15 can be made	Better	15 (68%)
	Same	3 (14%)
	Worse	4 (18%)
Performance for measures where a target was set	Target met	12 (71%)
	Within tolerance	2 (11%)
	Target missed	3 (18%)
Performance in England rankings	Better	14 (64%)
	Same	3 (14%)
	Worse	5 (23%)

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications arising from this report.

Martin Judson, Head of Finance. Ext. 374101

4.2 Legal implications

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

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

4.3 Climate Change and Carbon Reduction implications

There are no climate change and carbon reduction implications arising from this report.

Duncan Bell, Senior Environmental Consultant. Ext. 37 2249

4.4 Equalities Implications

The Framework measures the success of the adult social care system in delivering personalised care that promotes people's independence, and ensures that people have a positive experience of their care and support. The indicators that have shown a decrease, are the protected characteristics of disability and age 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

There are no other issues identified.

5. Background information and other papers: None

6. Summary of appendices:

Appendix 1 - ASCOF 2015/16 - Leicester Performance against Targets

Appendix 2 - ASCOF 2015/16 - Leicester Time Series

Appendix 3 - ASCOF 2015/16 - Benchmarking England

Appendix 4 - ASCOF 2015/16 - Benchmarking England, East Midlands and Family Group

Appendix 5 - ASCOF 2015/16 - Leicester Performance by Quartile

Adult Social Care Performance: 2015/16

Adult Social Care Outcome Framework – Leicester Against Targets

Indicator	2015/16 Actual	2015/16 Target	Rating
1A: Social care-related quality of life.	18.1	> 17.9	Green
1B: Proportion of people who use services who have control over their daily life.	70.5%	> 67.1%	Green
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	98.7%	95%	Green
1Cib: Carers receiving self- directed support in the year.	100%	Not set	White
1Cia: Service Users aged 18 or over receiving direct payments as at snapshot date.	44.4%	40%	Green
1Cib: Carers receiving direct payments for support direct to carer.	100%	Not set	White
1D: Carer reported quality of life.	No carers survey	N/A	White
1E: Proportion of adults with a learning disability in paid employment.	5.2%	7.5%	Red
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.9%	2.5%	Green
1G: Proportion of adults with a learning disability who live in their own home or with their family.	71.8%	72%	0.2% short of target
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	62.3%	40%	Green
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	SU - 37.2%	> 35.6%	Green
	No carers survey	N/A	White
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential/nursing care, per 100,000 pop (Low is good)	16.3	13.8	Red
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).	644.1	684.1	Green
2Bi: Proportion of older people (65 +) who were still at home 91 days after discharge from hospital into reablement services.	91.5%	90%	Green
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	200 people in reablement (3.1%)	280 people in reablement	Red
2Ci: Delayed transfers of care from hospital per 100,000 pop (Low is good)	6.0	Target set by health	Green
2Cii: Delayed transfers of care from hospital attributable to ASC and/or NHS per 100,000 pop. (Low is good)	1.7	Target set by health	Green
2D: The outcomes of short-term services – sequel to service	60.5%	Not set	White
3A: Overall satisfaction of people who use services with their care and support.	61.7%	> 56.9%	Green
3B: Overall satisfaction of carers with social services.	No carers survey	N/A	White
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	No carers survey	N/A	White
3D: The proportion of service users and their carers who find it easy to find information about services.	SU – 61.7%	> 62.0%	0.3% short of target
	No carers survey	N/A	White
4A: The proportion of service users who feel safe.	60.8%	> 58.3%	Green
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	80.7%	> 75.4%	Green

Adult Social Care Performance: 2015/16

Adult Social Care Outcome Framework – Leicester Time Series

Indicator	2012/13	2013/14	2014/15	2015/16
1A: Social care-related quality of life.	18.3	18.3	17.9	18.1
1B: Proportion of people who use services who have control over their daily life.	70.2%	71.5%	67.1%	70.5%
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	--	-	96.2%	98.7%
1Cib: Carers receiving self- directed support in the year.	-	-	100%	100%
1Cia: Service Users aged 18 or over receiving direct payments as at snapshot date.	-	-	41.3%	44.4%
1Ciib: Carers receiving direct payments for support direct to carer.	-	-	100%	100%
1D: Carer reported quality of life.	7.1	No carers survey	7.2	No carers survey
1E: Proportion of adults with a learning disability in paid employment.	8.8%	7.7%	6.9%	5.2%
1F: Proportion of adults in contact with secondary mental health services in paid employment.	3.0%	2.2%	1.8%	2.9%
1G: Proportion of adults with a learning disability who live in their own home or with their family.	71.8%	67.4%	69.8%	71.8%
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	32.2%	34.1%	35.8%	62.3%
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	-	SU - 39%	SU - 35.6%	SU - 37.2%
	-	No carers survey	c - 31.9%	No carers survey
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential/nursing care, per 100,000 pop (Low is good)	13.9	12.6	13.5	16.3
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).	735.3	750.9	734.1	644.1
2Bi: Proportion of older people (65 +) who were still at home 91 days after discharge from hospital into reablement services.	83.1%	86.9%	84.3	91.5%
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	3.9%	4.0%	3.6%	3.1%
2Ci: Delayed transfers of care from hospital per 100,000 pop (Low is good)	11.4	15.9	13.0	6.0
2Cii: Delayed transfers of care from hospital attributable to ASC and/or NHS per 100,000 pop. (Low is good)	4.1	5.3	4.3	1.7
2D: The outcomes of short-term services – sequel to service	-	-	63.0%	60.5%
3A: Overall satisfaction of people who use services with their care and support.	67.1%	62.2%	56.9%	61.7%
3B: Overall satisfaction of carers with social services.	37.9%	No carers survey	37.7%	No carers survey
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	63.5%	No carers survey	68.5%	No carers survey
3D: The proportion of service users and their carers who find it easy to find information about services.	SU - 64.6%	SU - 70.4%	SU - 62.0%	SU - 61.7%
	c - 52.5%	No carers survey	c - 55.5%	No carers survey
4A: The proportion of service users who feel safe.	61.1%	61.6%	58.3%	60.8%
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	74.8%	79.7%	75.4%	80.7%

Adult Social Care Performance: 2015/16

Adult Social Care Outcome Framework – Benchmarking (England)

Indicator	Leicester 2015/16	2015/16 Benchmarking		
		England Average	England Ranking	England Rank DoT
1A: Social care-related quality of life.	18.1	19.1	147/150	↑
1B: Proportion of people who use services who have control over their daily life.	70.5%	76.5%	138/150	↑
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	98.7%	86.9%	31/152	↑
1Cib: Carers receiving self- directed support in the year.	100%	77.7%	=1/152	↔
1Ciaa: Service Users aged 18 or over receiving direct payments as at snapshot date.	44.4%	28.1%	8/152	↑
1Cii: Carers receiving direct payments for support direct to carer.	100%	67.4%	=1/152	↔
1E: Proportion of adults with a learning disability in paid employment.	5.2%	5.8%	85/152	↓
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.9%	6.7%	141/148	↑
1G: Proportion of adults with a learning disability who live in their own home or with their family.	71.8%	75.4%	98/152	↓
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	62.3%	58.6%	90/152	↑
1I: Proportion of people who use services who reported that they had as much social contact as they would like.	37.2%	45.4%	142/150	↑
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential/nursing care, per 100,000 pop (Low is good)	16.3	13.3	111/152	↓
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).	644.1	628.2	82/152	↑
2Bi: Proportion of older people (65 +) who were still at home 91 days after discharge from hospital into reablement services.	91.5%	82.7%	19/152	↑
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	3.1%	2.9%	72/152	↓
2Ci: Delayed transfers of care from hospital per 100,000 pop (Low is good)	6.0	12.3	34/152	↑
2Cii: Delayed transfers of care from hospital attributable to ASC and/or NHS per 100,000 pop. (Low is good)	1.7	4.8	37/152	↑
2D: The outcomes of short-term services – sequel to service	60.5%	75.8%	129/152	↓
3A: Overall satisfaction of people who use services with their care and support.	61.7%	64.4%	104/150	↑
3D: The proportion of service users who find it easy to find information about services.	61.7%	73.5%	150/150	↔
4A: The proportion of service users who feel safe.	60.8%	69.0%	144/150	↑
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	80.7%	85.5%	117/150	↑



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3



5

Adult Social Care Performance: 2015/16

Adult Social Care Outcome Framework – Benchmarking (England, CIPFA Nearest Neighbour Model and East Midlands)

Indicator	Leicester 2015/16	2015/16 Benchmarking		
		England Ranking	CIPFA Ranking	East Mids. Ranking
1A: Social care-related quality of life.	18.1	147/150	16/16	9/9
1B: Proportion of people who use services who have control over their daily life.	70.5%	138/150	15/16	9/9
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	98.7%	31/152	4/16	5/9
1Cib: Carers receiving self- directed support in the year.	100%	=1/152	1/15	1/9
1Ciaa: Service Users aged 18 or over receiving direct payments as at snapshot date.	44.4%	8/152	1/16	3/9
1Ciib: Carers receiving direct payments for support direct to carer.	100%	=1/152	1/15	1/9
1E: Proportion of adults with a learning disability in paid employment.	5.2%	85/152	6/16	3/9
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.9%	141/148	13/16	8/9
1G: Proportion of adults with a learning disability who live in their own home or with their family.	71.8%	98/152	15/16	7/9
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	62.3%	90/152	10/16	6/9
1I: Proportion of people who use services who reported that they had as much social contact as they would like.	37.2%	142/150	15/16	9/9
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential/nursing care, per 100,000 pop (Low is good)	16.3	111/152	12/16	9/9
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).	644.1	82/152	6/16	7/9
2Bi: Proportion of older people (65 +) who were still at home 91 days after discharge from hospital into reablement services.	91.5%	19/152	1/16	2/9
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	3.1%	72/152	6/16	2/9
2Ci: Delayed transfers of care from hospital per 100,000 pop (Low is good)	6.0	34/152	5/16	1/9
2Cii: Delayed transfers of care from hospital attributable to ASC and/or NHS per 100,000 pop. (Low is good)	1.7	37/152	6/16	2/9
2D: The outcomes of short-term services – sequel to service	60.5%	129/152	13/16	8/9
3A: Overall satisfaction of people who use services with their care and support.	61.7%	104/150	12/16	6/9
3D: The proportion of service users who find it easy to find information about services.	61.7%	150/150	16/16	9/9
4A: The proportion of service users who feel safe.	60.8%	144/150	15/16	8/9
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	80.7%	117/150	13/16	8/9

Adult Social Care Performance: 2015/16

Adult Social Care Outcome Framework – England Quartiles

Indicator	Leicester's position against England Quartiles 2014/15				Leicester's position against England Quartiles 2015/16			
	1	2	3	4	1	2	3	4
1A: Social care-related quality of life.								
1B: Proportion of people who use services who have control over their daily life.								
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date								
1Cib: Carers receiving self-directed support in the year								
1Cia: Service Users aged 18 or over receiving direct payments as at snapshot date								
1Cib: Carers receiving direct payments for support direct to carer								
1D: Carer reported quality of life.								
1E: Proportion of adults with a learning disability in paid employment.								
1F: Proportion of adults in contact with secondary mental health services in paid employment.								
1G: Proportion of adults with a learning disability who live in their own home or with their family.								
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.								
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.								
2Ai: Adults aged 18-64 admitted on a permanent basis to residential or nursing care (per 100,000 pop.) (Low is good)								
2Aii: Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care per 100,000 pop. (Low is good).								
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.								
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.								
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)								
2Cii: Delayed transfers of care from hospital attributable to adult social care and/or the NHS per 100,000 pop. (Low is good)								
2D: The outcomes of short-term services – sequel to service								
3A: Overall satisfaction of people who use services with their care and support								
3B: Overall satisfaction of carers with social services.								
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.								
3D: The proportion of service users and carers who find it easy to find information about services.								
4A: The proportion of people who use services who feel safe.								
4B: The proportion of people who use services who say that those services have made them feel safe and secure.								

Adult Social Care Scrutiny Commission

ASC Integrated Performance Report

2016/17 - Quarter 2

Date: 24th January 2017

Lead Director: Steven Forbes

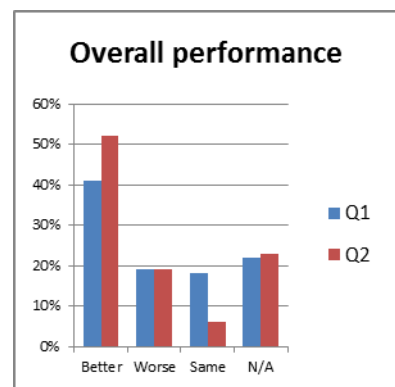
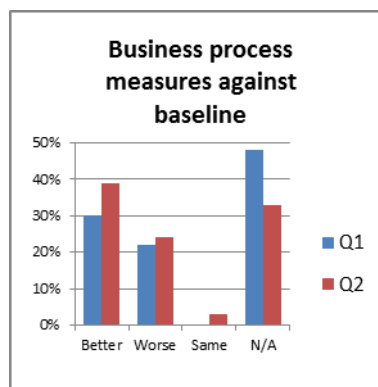
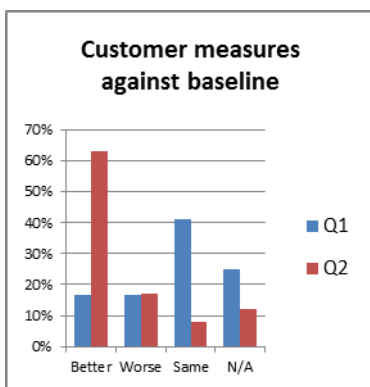
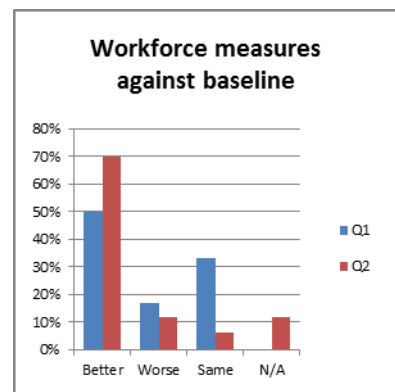
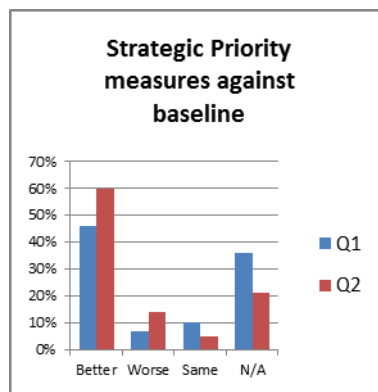
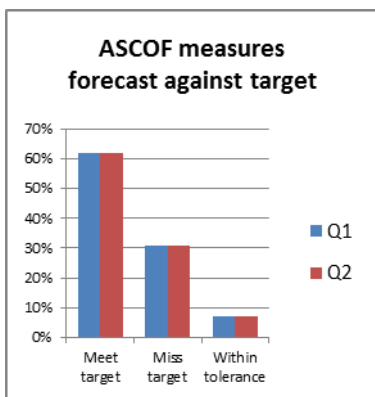


Useful information

- Ward(s) affected: All
- Report author: Gwen Doswell / Adam Archer
- Author contact details: 454 2302 / 454 4133
- Report version: 1

1. Summary

- 1.1 This report provides Scrutiny with information on various dimensions of adult social care (ASC) performance in the second quarter of 2016/17. This is the second time such a report has been produced and for the first time we have introduced Head of Service commentary for our activity and business process measures. It is anticipated that subsequent reports will see the concept of an integrated performance report further developed and refined.
- 1.2 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. 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*,
 - the *outcomes* we deliver for our service users and the wider community of Leicester.
- 1.3 A summary of data based performance for Quarters 1 and 2 of 2016/17 is presented below:



2. Recommendations

- 2.1 Scrutiny is requested to note the areas of positive achievement for the quarter and areas for improvement.

3. Report

3.1 Delivering ASC Strategic Priorities for 2016/17

- 3.1.1 Our six strategic Priorities for 2016/17 have been agreed and were reported to Scrutiny on 3rd May 2016. We have also set out what we need to do to deliver on these priorities and developed Key Performance Indicators to measure whether we have been effective in doing so. Our priorities for the year are:

SP1. Improve the experience for our customers of both our own interventions and the services we commission to support them

SP2. Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'

SP3. Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs

SP4. 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. Improve the work with children's social care, education (SEN) and health partner to continue to improve our support for young people with care and support needs and their families in transition into adulthood

SP6. Continue to develop our understanding of the benefit to our customers of what we do, and to learn from this information so as to improve and innovate

- 3.1.2 We have set out where possible for individual indicators a three year trajectory, from our current level of performance (using 2015/16 as the baseline) to a target of being at the top of the 2nd quartile. This can only apply to those indicators where there is a national dataset to offer a comparison and a league table of performance for all Councils with Social Services Responsibilities (CSSRs).

- 3.1.3 We have identified 42 indicators to help us understand how effective we are in delivering against our six strategic priorities in 2016/17. A number of these indicators are new so we have limited information on which to make a judgement as to whether our performance is improving. Overall, of the 33 indicators where data is available, just over 75% are showing improvement, with 6% showing no change and 18% showing deterioration. A condensed overview of progress is shown at **appendix 1**.

- 3.1.4 Areas to note are:

- Performance continues to be strong in respect of Priority 1, with all 13 indicators showing improvement or no change.
- Priority 2 shows more of a mixed picture with issues including:
 - SP2a – For two consecutive quarters there has been a small decrease in the number of ‘contacts’ signposted to other services or receiving one-off support from ASC, meaning more ‘contacts’ have gone on for a further assessment. However we are forecasting that the number of ‘contacts’ assessed as being eligible for support will be less than last year.
 - SP2b - the percentage of customers who following reablement are fully independent or have reduced needs has improved since Q1, but is still short of the 2015/16 baseline.
 - SP2g - the number of reviews overdue by 12 months has increased further from Q1 (but is now a lower percentage of all open cases) and the number overdue by 24 months has decreased at a faster rate than in Q1. This reflects the targeted approach now in place to clear the backlog.
- Performance for both Priority 3 and 4 is generally strong and mirrors that of Priority 1 in terms of no significant causes for concern.
- The indicators for Priority 5 are all new and as such we cannot make a judgement on comparator or previous performance.
- The picture for Priority 6, which is assessed by considering our overall performance, reflects the wider information provided in this report, with several areas of strong performance alongside a smaller number of areas where improvement is needed.

3.2 Keeping People Safe

3.2.1 The Care Act 2014 put adult safeguarding on a statutory footing for the first time. The act set out our statutory duties and responsibilities including the requirement to undertake section 42 Enquiries in order to safeguard people.

3.2.2 Of the 81 individuals involved in a ‘Section 42’ safeguarding enquiry, 40 were aged between 18 and 64 with 41 aged 65 and over. 32 were male and 49 female, with 59 of ‘white’ ethnicity, 18 ‘Asian’, 3 ‘Black’ and 1 ‘Mixed’.

3.2.3 43% of those involved in an enquiry have ‘physical support’ as their primary support reason, with ‘learning disability’ and ‘mental health’ the next most common support reasons.

3.2.4 The most commonly recorded category of abuse in Q2 was ‘neglect’ (29), next most common was ‘physical abuse (26) and then ‘financial abuse’ (25). The most common location of risk was the individuals own home (42), followed by care homes (13).

3.2.5 Quarter 2 Performance

Measure	Q2 2016/17
Timeliness: the proportion of enquiries begun with 24 hours following a decision being made than an enquiry is necessary (i.e. it meets the threshold).	49.3% of enquiries begun within 24 hours of threshold decision being made (i.e. strategy ‘meeting’ held) (55.7% in Q1). Some residual data quality issues are being investigated.

Number of alerts progressing to a Section 42 Safeguarding enquiry	Alerts received – 685 (691 in Q1) Threshold met/S42 enquiries commenced -112 (106 in Q1)
Completion of safeguarding enquiries – within 28 days target	59% of safeguarding enquiries were completed within 28 days. (81.9% in Q1)
Percentage of people who had their safeguarding outcomes partially or fully met.	Data reporting issues have been found in relation to outcomes recording under “Making Safeguarding Personal.” Action is being taken to resolve these issues and provide assurance for future reporting.

3.3 Managing our Resources: Budget

3.3.1 In summary, the department is forecasting to spend as per the current annual budget of £102.5m.

3.3.2 Of the £102.5m the most significant item is the £94.6m budget for independent sector care package costs. The level of net growth in long term service users in the first half year was 0.92% (49 service users from a base at the start of the year of 5,329). This translates to an annualised rate of 1.84%, lower than the 2.6% net growth seen in 2015/16 and included in the budget.

3.3.3 The most significant area of cost pressure is from in year increases in the package costs of our existing service users. This is where the condition of the user deteriorates, for example through increasing frailty and additional support is required on a short or longer term basis. The level of increase this year is higher than last. Increases by individual service user are being tracked by social work teams to be clear of the reasons why and the appropriateness of the new package being provided.

3.3.4 Reviews of service users are ongoing to ensure that the most appropriate care packages are in place.

3.3.5 Price increases for 2016/17 have been agreed with residential care providers to reflect the impact of the national living wage in line with the budget.

3.3.6 Extra Care Housing provides self-contained flats with onsite support to enable vulnerable adults to live independently in the community rather using traditional residential care. Not only is this better for the service user but it is also more cost effective for the Council (saving up to £3,000 per user per annum). The government have announced that they have deferred their plans to cap housing benefit payments for residents in Extra Care flats until 2019/20. From 2019/20 the cap will apply but a new ring-fenced grant will be given to local authorities out of which they will in theory be able to fund the difference between the local housing allowance rate and tenants actual rent and service charges. The government will be consulting on the new arrangements shortly. There is clearly still a significant risk that the fixed grant will be insufficient and therefore continue to jeopardise the financial viability of both existing and new schemes. From a financial viewpoint this could frustrate one of our means of reducing care package costs and delivering a key policy agenda in providing independent living opportunities.

3.3.7 There is significant demand for this kind of accommodation across the city and two new

schemes which could provide 157 flats have been put on hold by the development consortium and the Council. We are currently reviewing the scheme in the light of the recent announcements.

3.3.8 Staffing costs will be lower than the budget this year where reviews have been completed but not all vacant posts have been filled for the full year. This is a one off in year saving.

3.4 Managing Our Resources: Our Workforce

3.4.1 Adult Social Care consists of two divisions: Social Care and Safeguarding and Social Care and Commissioning. The department has undergone significant change over the last 2 years including an organisational review and restructuring of the department leading to the creation of a new Learning Disability service and a new Enablement service, clear focus on hospital discharge and a re-focused Contact and Response function (our “front door”), as well as delivering the final phase of closure of in-house residential care homes (EPHs). See **appendix 2** for a snapshot of workforce performance.

3.4.2 ASC is seeking to have a workforce that is representative of the community we serve. As at 30/09/16, our staffing establishment is 834.28 FTEs compared to 888.43 FTEs at 31/03/16. 76% of employees are female and 24% are male; whereas approximately 60% of our service users are female and 40% male. 39.7% of staff are categorized as BME, compared to 37% of our service users.

3.4.3 Our vacancy level has fallen from 114.05 FTEs at 31/03/16 to 93.37 FTEs at 30/09/16. Both figures include staff who are on maternity leave or secondment; this equates to approximately 13 FTEs at 31/03/16 and 11 FTEs at 30/09/16.

3.4.4 As at 2016/17 Q2, the sickness absence rate had improved in Social Care and Safeguarding Division when compared to 2015-16 Q2 with 7.33 sick days per FTE compared to 9.14 sick days per FTE last year. However, Social Care and Commissioning Division saw a slight decrease in performance for the same timeframe with 8.49 sick days per FTE this year versus 7.79 sick days per FTE last year.

3.4.5 As at 30/09/16, the number of staff with 30+ days sickness on a rolling 12 month period had reduced when compared to the position at 31/05/2016 from 122 cases to 102 cases. Average working days lost per case, though, have increased from approximately 75 days at 31/05/2016 to 78 days at 30/09/2016.

3.4.6 Our unplanned staffing cost (i.e. agency, casual and overtime) had decreased by 58% when comparing 2016-17 spend at 30/09/16 (£521,563) to the equivalent position in 2015-16 (£1,232,841). Agency and casual staff costs have decreased in both divisions as well as Social Care and Commissioning overtime costs. However, Social Care and Safeguarding overtime costs have increased from £99,435 (2015-16 to 30/09/2015) to £135,977 (2016-17 to 30/09/2016).

3.4.7 Overall, our total staff cost bill has decreased by 12% from £16,452,605 435 (2015-16 to 30/09/2015) to £14,526,780 (2016-17 to 30/09/2016).

3.4.8 As at 30/09/2016, our number of disciplinarys had reduced from 44 (as at 30/09/2015) to 28 this year. Grievances have increased by 1 from 4 (as at 30/09/2015) to 5 this year.

3.4.9 Our workforce profile:

- The % of female employees in the ASC workforce has reduced from 77.2% (as at 30/09/2015) to 76% (as at 30/09/2016). However, it is significantly higher than the corporate position of 58.6%. In addition, the % of females in the ASC top 5% earners is 64.4% compared to the corporate position of 53%.
- BME representation has increased from 37.9% (as at 30/09/2015) to 39.7% (as at 30/09/2016). The corporate position is 31%. The % of BMEs in the ASC top 5% earners is 35.6% compared to the corporate position of 20%.
- The proportion of disabled employees in the ASC workforce has increased from 7.2% (as at 30/09/2015) to 8.7% (as at 30/09/2016). The corporate position is 6.4%.
- The proportion of Under 25s and Over 55s have increased slightly (1.8% and 23.4% respectively at 30/09/2015 to 2% and 24% at 30/09/2016). This compares to the corporate profile of 3% and 24%.

3.4.10 We have taken on a small number of apprentices (1) and graduates (3) in 2016.

3.5 How effective are we?

3.5.1 National Comparators - ASCOF

3.5.1.1 The Adult Social Care Outcomes Framework (ASCOF) is a set of national common indicators against which each local authority can measure its performance against both the national and regional comparison. See **appendix 3** for ASCOF performance.

3.5.1.2 Data is not published for all indicators on a quarterly basis. For quarter 2 there is data for 13 out of 27 indicators and of these 62% showed an improved position compared to 2015/16 outturn and we are forecasting that over 60% will meet the target we have established.

3.5.1.3 We now have full national benchmarking data for 2015/16. 14 (64%) of the measures have shown an improvement in our national ranking with three (14%) unchanged and five (23%) dropping.

3.5.1.4 Q2 results show a strong performance in a number of areas including:

- The number of people admitted to residential and nursing care. For working age adults we are projecting 26 admissions in 16/17 against 39 last year and for people aged 65 and over we are forecasting 238 admissions against 258 last year.
- 93.3% of older people receiving reablement following a hospital discharge were

still living at home 91 days later. Over the last three years our performance failed to reach 90%.

- Delayed transfers of care from hospital per 100,000 population have come down to just 5.2 from a peak of 15.9 in 2013/14.

3.5.1.5 However, there are areas where we are forecasting that targets will not be met including:

- We are forecasting that the measures for both mental health and learning disability service users in employment (1E and 1F) will fail to meet their target. For LD, this is at least in part due to people who were previously eligible for ASC being supported into employment, which has in turn had a significant positive impact on their independence and has resulted in them no longer being eligible for ongoing support from ASC, and as such not counted for this measure.
- The percentage of mental health service users living independently (1H) has dropped markedly in the first half of the year (this, along with measure 1F above, may be a data recording issue from a third party as has previously been the case, and will be investigated).
- The outcomes following reablement (2D) have improved from Q1, but are still below last year's level. This data currently only captures people in receipt of ASC reablement and enablement services. It should be noted that the integrated crisis pathway, though ICRS, provides over 6000 short term interventions each year. 75% require no further intervention or services. However this is not included in the ASCOF data return as access to the service is not contingent on ASC referral and therefore not recorded on our database. Officers will review the available data sets against the ASCOF guidance and consider whether changes are appropriate to better reflect the short term service offer.

3.5.2 Local Key Performance Indicators

3.5.2.1 We have developed a range of local key performance indicators to give us an insight on the things that are essential to continue delivering services within our financial resources.

3.5.2.2 Activity and Business Processes:

- 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. For many of these indicators we don't have historic data so we can't make a judgement as to whether performance has improved. In other cases the indicators are still under development. See **appendix 4** for a snapshot of business process performance, with commentary provided by Heads of Service.
- For those indicators where data is available, approximately 60% showed improvement from the baseline position with 5% unchanged and the remaining 35% showing some deterioration.

- There is some evidence emerging that we getting better at managing demand. Although we are receiving more contacts than last year, more of these are being referred to universal services or being provided with information, advice and guidance. Equally, we are forecasting that fewer people entering ASC will be in provided with long-term support than last year (as defined for the purposes of our statutory returns).
- The number of reviews overdue by over 24 months has reduced from 1,112 at the end of September 2015 to 778 at the end of September 2016, with over 150 of those outstanding reviews commenced but not completed. The number of reviews overdue by 15 months or more at the end of Q2 is 1,602. This backlog is being reduced at a rate of approximately 50 each month.
- We continue our work to develop and provide assurance about data quality is required if we are to gain a better understanding of our performance (particularly in service areas where there has historically been less emphasis on reporting).

3.5.2.3 Customer Service

- 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. See **appendix 5** for a snapshot of customer performance.
- For those indicators where data is available, approximately 70% showed improvement from our baseline position, with 10% showing no or little change and 20% deterioration.
- Customer satisfaction with the way our staff carry out assessments is particularly encouraging and the overall number of staff commendations is forecast to be 40% higher than in 2015/16.
- The number of complaints relating to practice decisions, delays to services and staff attitudes / behaviour is currently forecast to be higher than last year. This has been discussed by Leadership, and it has been agreed that lessons learnt will be shared with Heads of Service, with the Complaints Manager having follow up meetings to support best practice, particularly when we are reducing a service user's care package.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered in section 4.4, Managing our Resources.

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.

Mark Jeffcote, Environment Team (x372251)

4.4 Equalities Implications

From an equalities perspective, the most important information is that related to the outcomes delivered for service users and the wider community. This is in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and also socio-economic inequalities that many adults in the city experience. 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 inequalities (as set out in the adults JSNA).

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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: Strategic Priorities

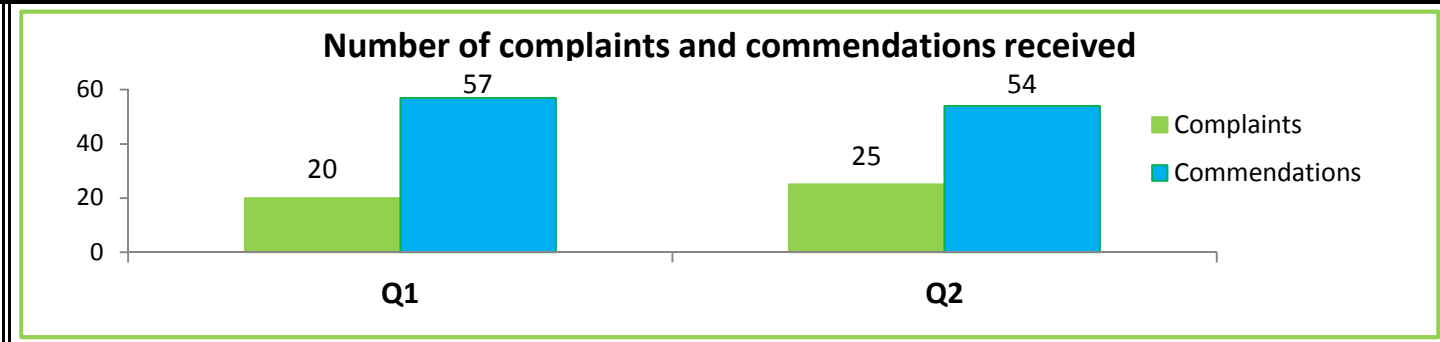
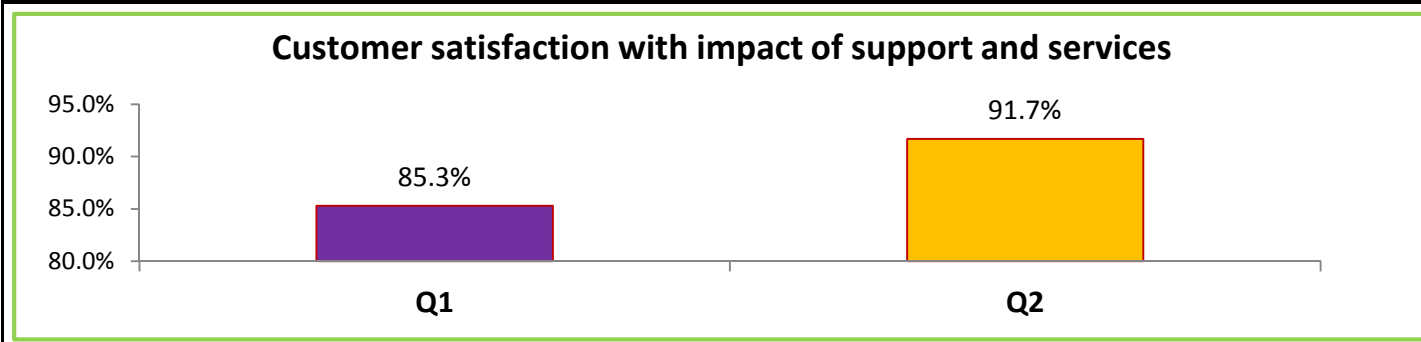
Appendix 2: Workforce

Appendix 3: ASCOF

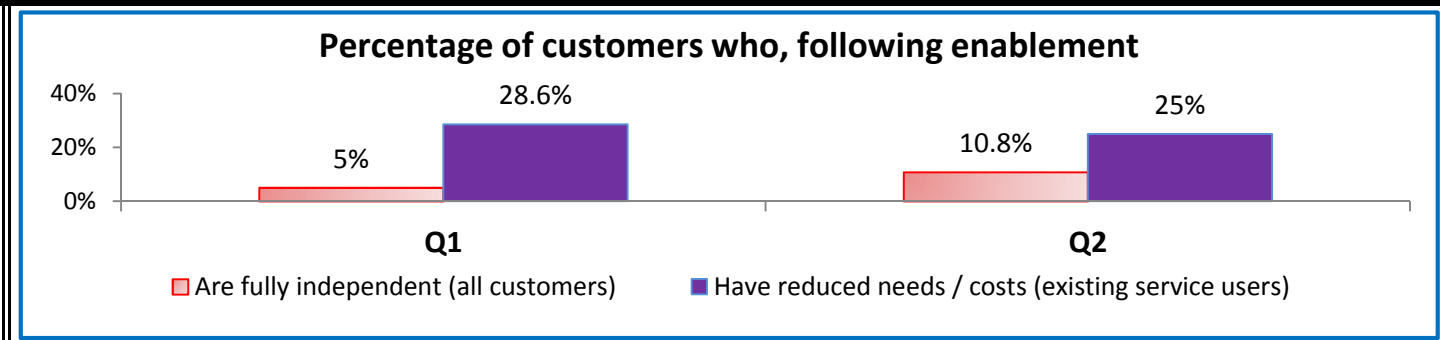
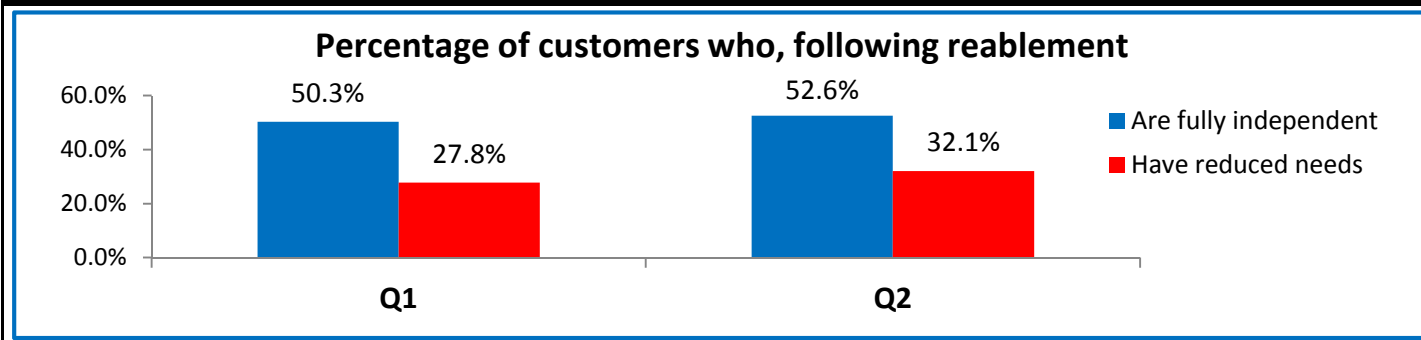
Appendix 4: Business Processes

Appendix 5: Customer Service

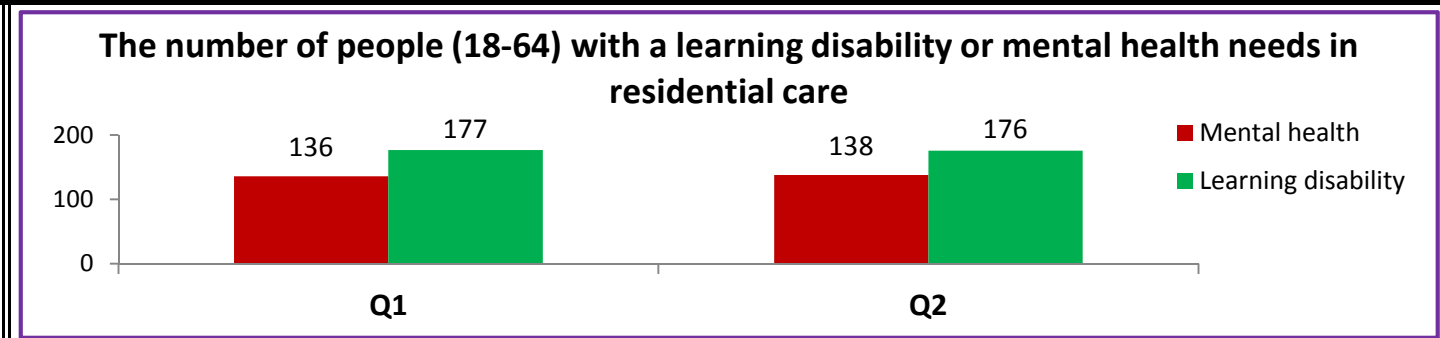
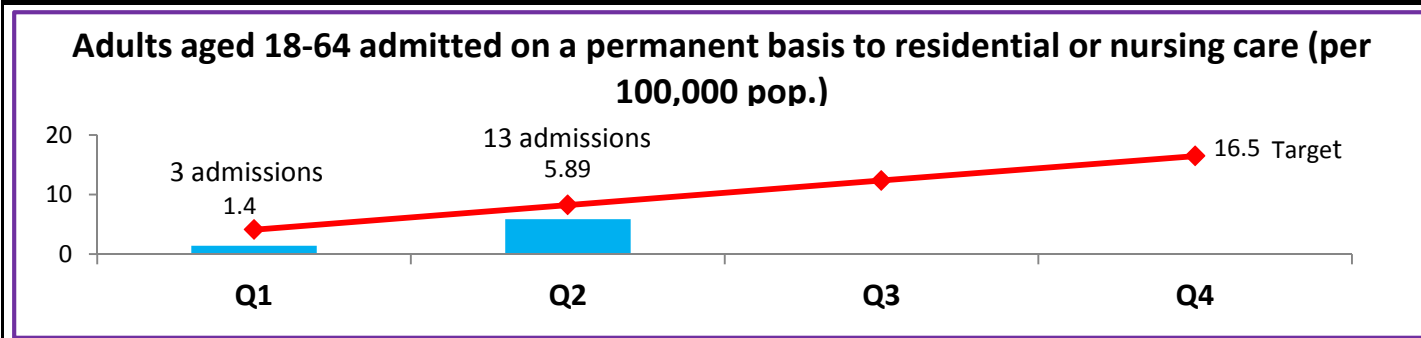
1) Improve the experience for our customers of both our own interventions and the services we commission to support them



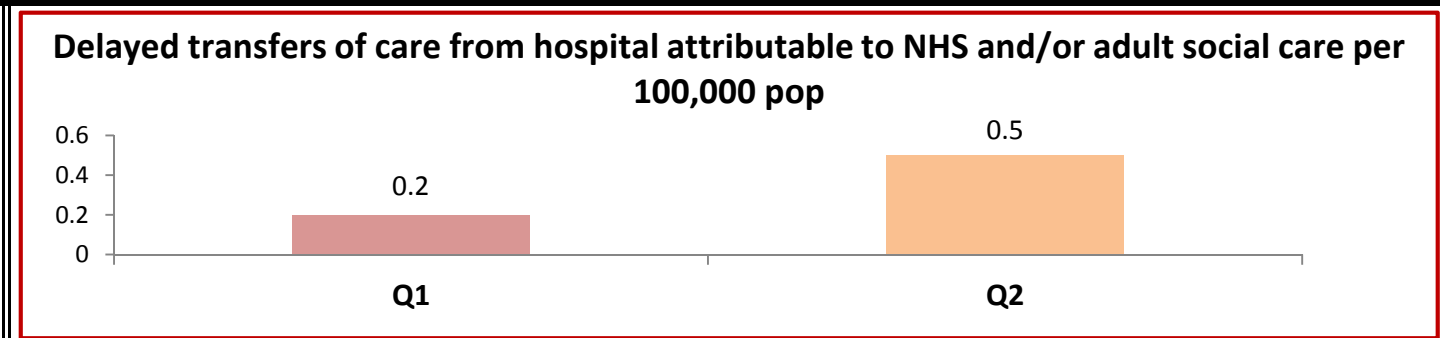
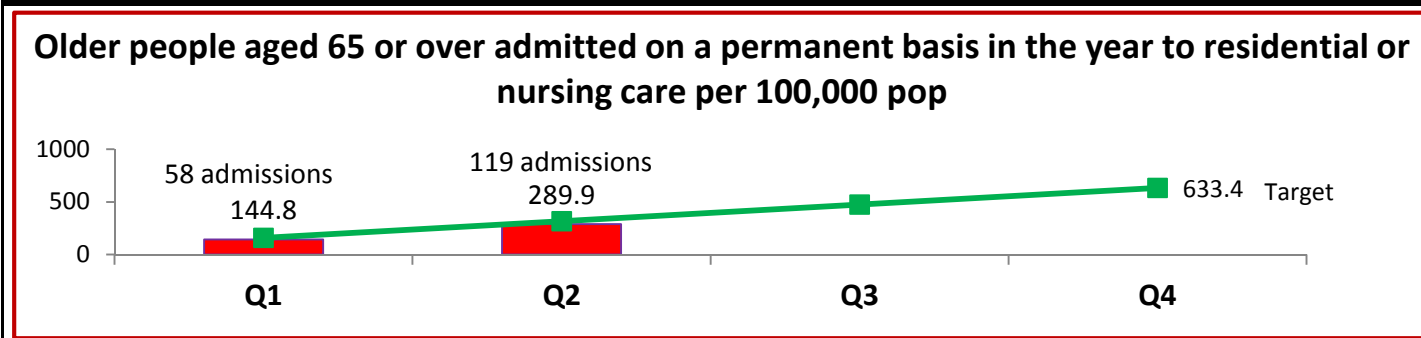
2) Implement a preventative and enablement model of support, to promote wellbeing, self-care and independence and recovery into an 'ordinary life'

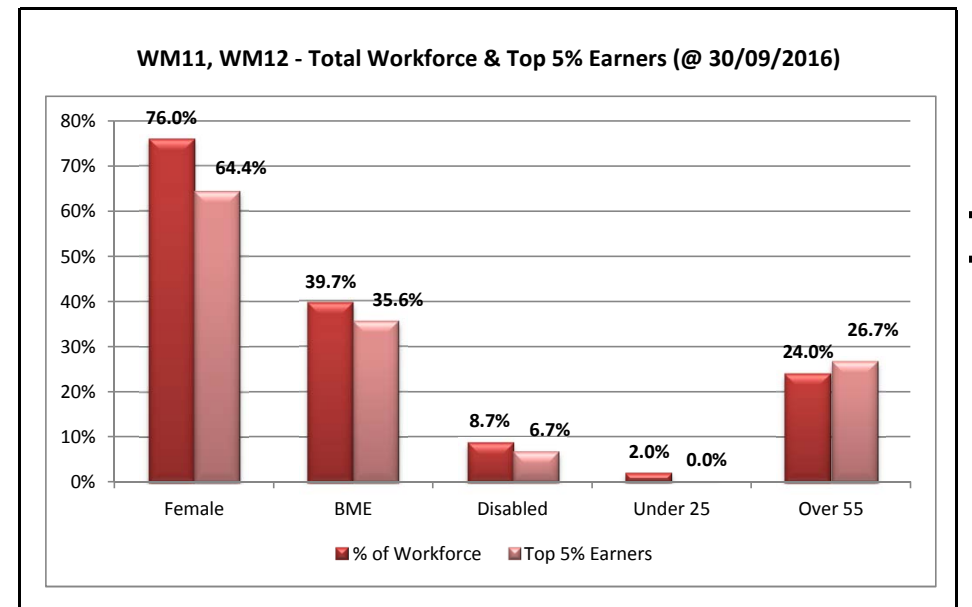
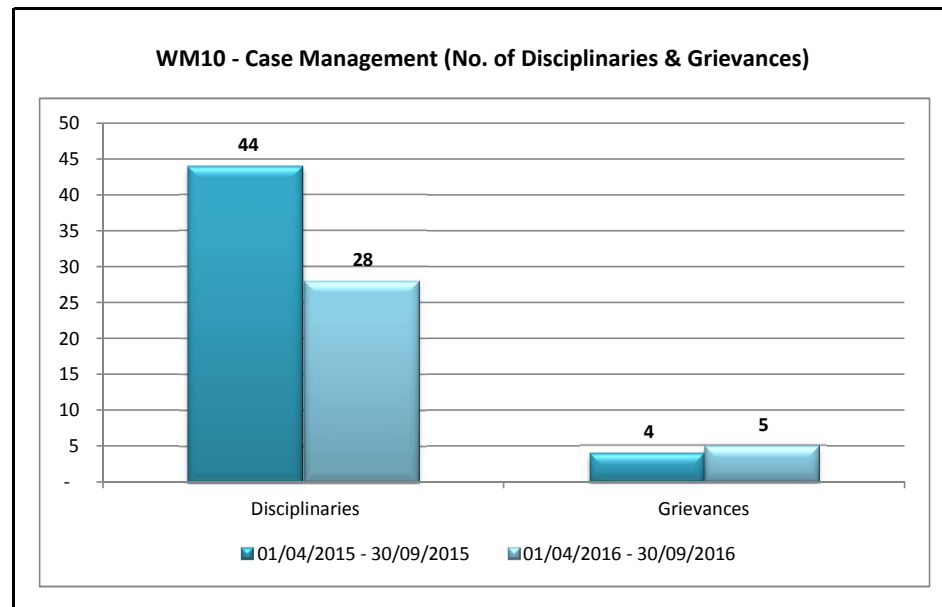
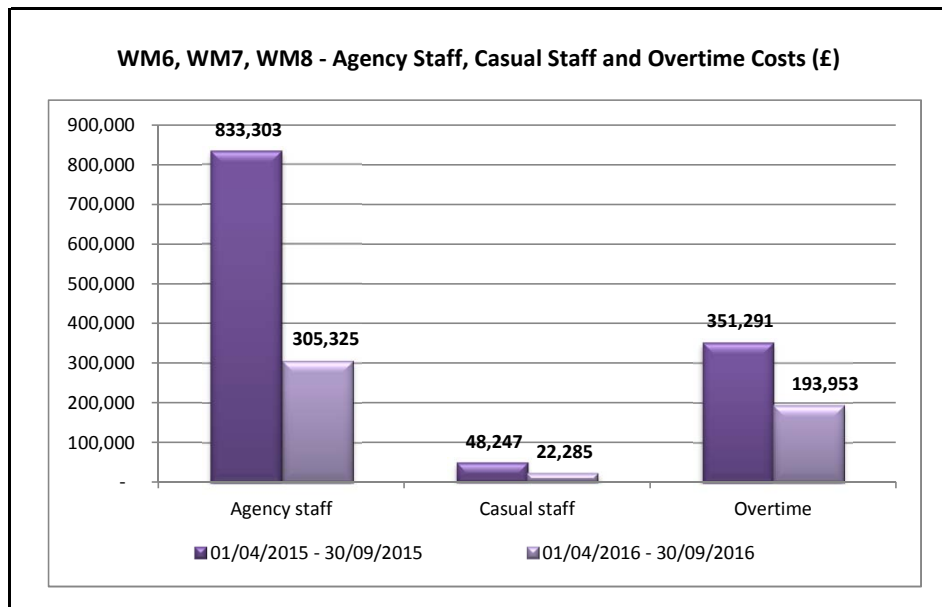
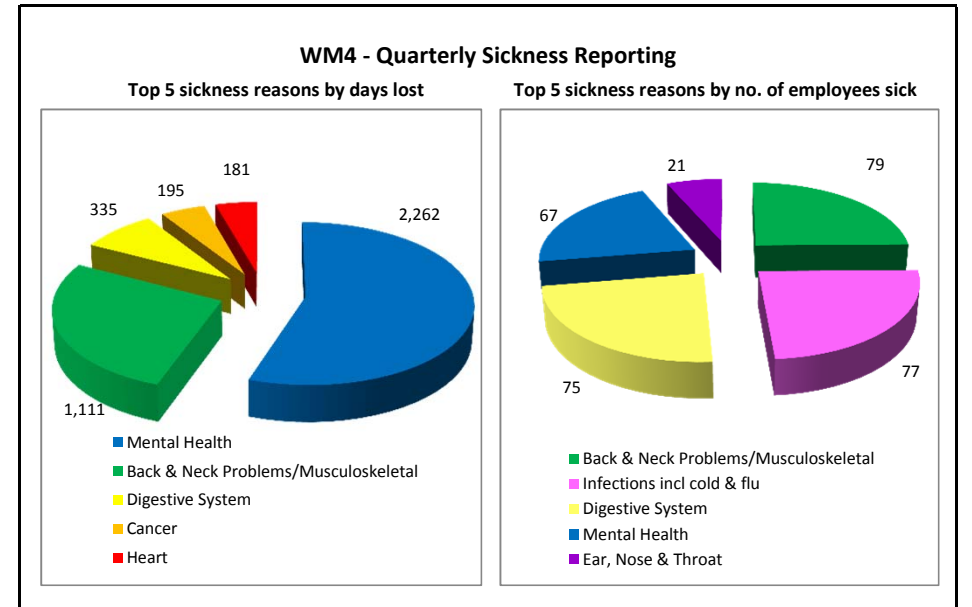
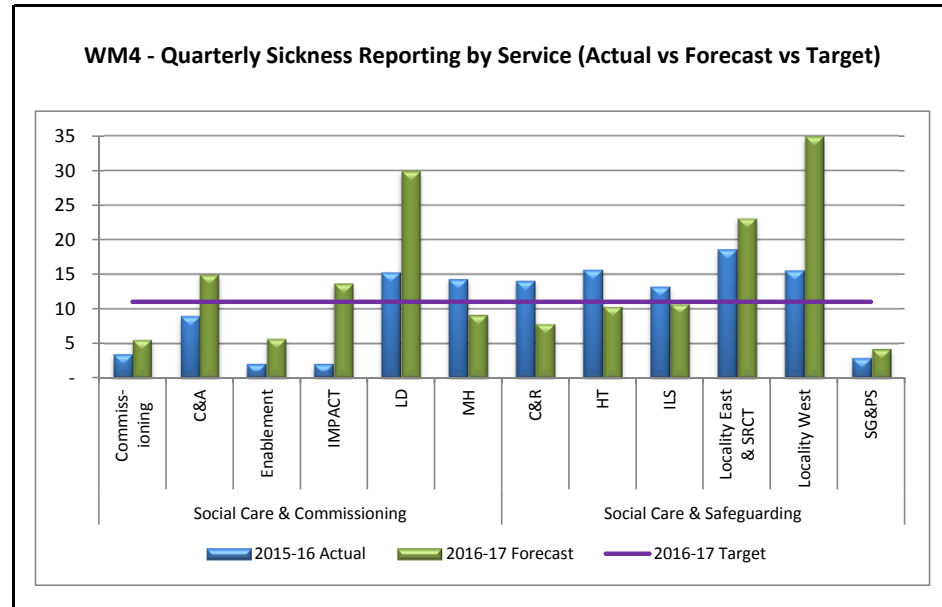
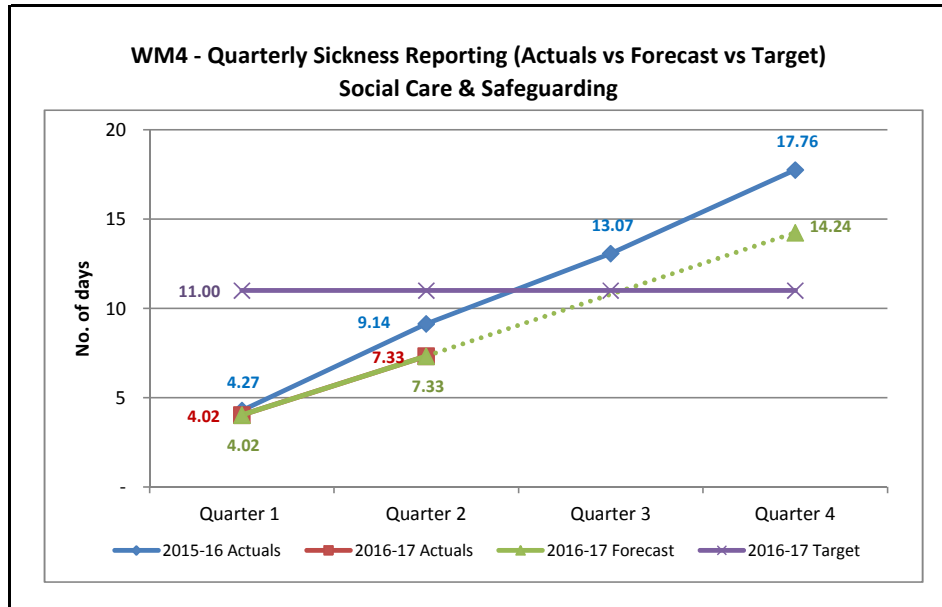
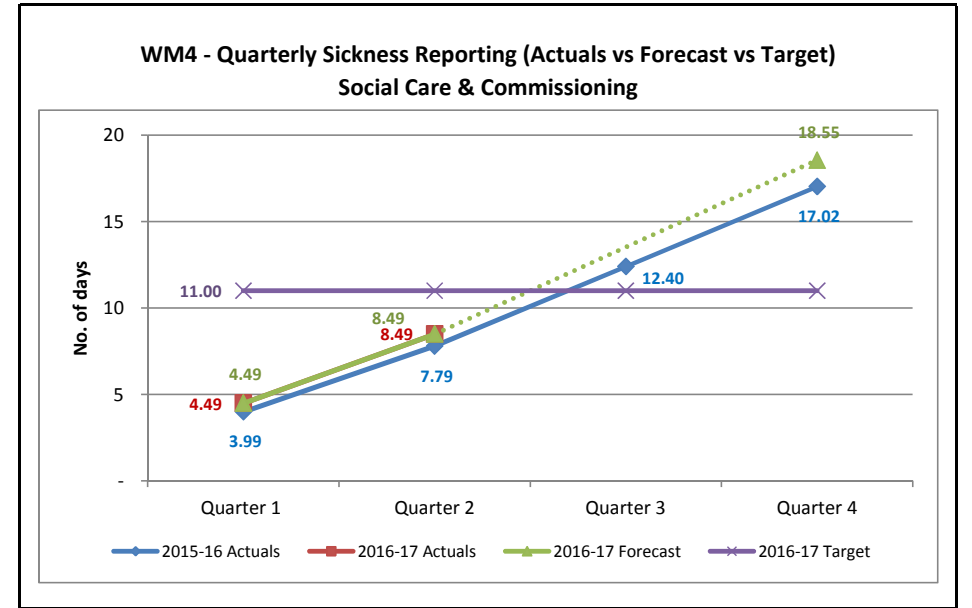
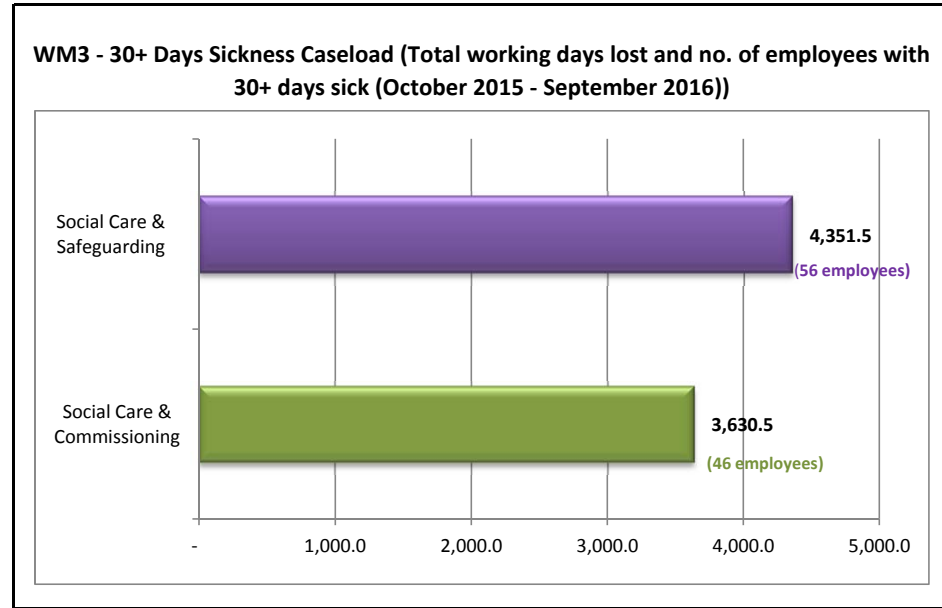
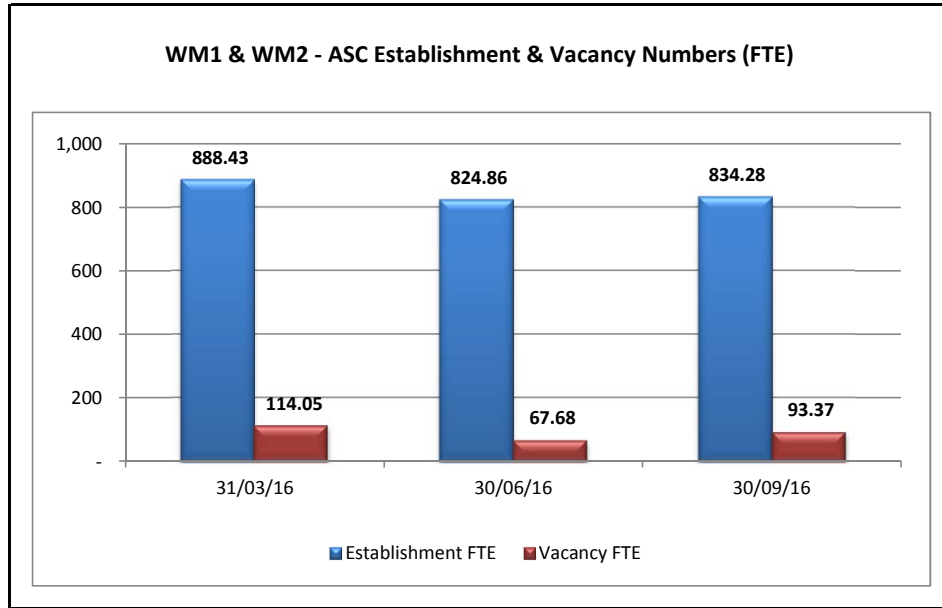


3) Improve the opportunities for those of working age to live independently in a home of their own and reduce our reliance on the use of residential care, particularly for people with learning disabilities or mental health support needs



4) 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





Adult Social Care Performance: 2016/17 – Quarter 2

Adult Social Care Outcome Framework

Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT					
1A: Social care-related quality of life.	18.3	17.9	18.1	19.1	147/150	↑	N/A	N/A	18.4	N/A	16/17 user survey results available May '17
1B: Proportion of people who use services who have control over their daily life.	71.5%	67.1%	70.5%	76.5%	138/150	↑	N/A	N/A	72.5%	N/A	16/17 user survey results available May '17
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	-	96.2%	98.7% (3763/3812)	86.9%	31/152	↑	99.1% (3,862/3,859)	99.6% (3,828/3,844)	98.9%		New definition in 2014/15
1Cib: Carers receiving self-directed support in the year.	-	100%	100% (147/147)	77.7%	=1/152	↔	100% (114/114)	100% (131/131)	100%		New definition in 2014/15.
1Ciaa: Service Users aged 18 or over receiving direct payments as at snapshot date.	-	41.3%	44.4% (1693/3812)	28.1%	8/152	↑	44.2% (1,707/3,859)	45.1% (1,735/3,844)	45.3%		New definition in 2014/15
1Ciib: Carers receiving direct payments for support direct to carer.	-	100%	100% (147/147)	67.4%	=1/152	↔	100% (114/114)	100% (131/131)	100%		New definition in 2014/15.
Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	Target	Rating	Comments

				England Average	England Ranking	England Rank DoT					
1D: Carer reported quality of life.	No carers survey	7.2	No carers survey	N/A	N/A	N/A	N/A	N/A	7.7	N/A	16/17 carer's survey results available May '17
1E: Proportion of adults with a learning disability in paid employment.	7.7%	6.9%	5.2% (41/793)	5.8%	85/152	↓	5.6% (41/736)	4.8% (37/764)	6.0%		New definition in 2014/15
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.2%	1.8%	2.9%	6.7%	141/148	↑	N/A	2.1%	4.0%		April – June data published (MHMNDs)
1G: Proportion of adults with a learning disability who live in their own home or with their family.	67.4%	69.8%	71.8% (569/793)	75.4%	98/152	↓	72.4% (533/736)	72.6% (555/764)	72.8%		New definition in 2014/15
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	34.1%	35.8%	62.3%	58.6%	90/152	↑	N/A	36.3%	65%		April – June data published (MHMNDs)
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	Users	39%	35.6%	37.2%	45.4%	↑	N/A	N/A	39.8%	N/A	16/17 user survey results available May '17
	Carers	No carers survey	31.9%	No carers survey	N/A	N/A	N/A	N/A	35.5%	N/A	16/17 carer's survey results available May '17
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)	12.6 27 admissions	13.5 29 admissions	16.3 36 admissions	13.3	111/152	↓	1.4 3 admissions	5.89 13 admissions	16.5		Cumulative measure: Forecast based on Q2 = 26 admissions (11.8/100,000)
Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	Target	Rating	Comments

				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).	750.9 291 admissions	734.1 287 admissions	644.1 258 admissions	628.2	82/152	↑	144.8 58 admissions	289.9 119 admissions	633.4		Cumulative measure: Forecast based on Q2 = 238 admissions (594.2/100,000)
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.	Statutory	86.9%	84.3	91.5%	82.7%	19/152	↑	N/A	N/A	90.0%	Statutory measure counts Oct – Dec discharges
	Local	88.2%	89.7%	88.2%	N/A	N/A	N/A	94.5%	93.3%	90.0%	Local measure counts full year
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	Statutory	4.0% (230 in reablement)	3.7% (235 in reablement)	3.1% (200 in reablement)	2.9%	72/152	↓	N/A	N/A	3.3%	Statutory counts Oct – Dec discharges
	Local	3.9%	4.2%	3.9% (939 in reablement)	N/A	N/A	N/A	3.4%	3.6%	3.6%	Local counts full year. Cumulative: forecast = 1080.
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)	15.9	13.0	6.0	12.3	34/152	↑	4.8	5.2 (68 delays)	16/17 target in BCF plan	Based on previous year	Only April to August data available (NHS definition).
2Cii: Delayed transfers of care from hospital attributable to ASC and/or NHS per 100,000 pop. (Low is good)	5.3	4.3	1.7	4.8	37/152	↑	0.2	0.5 (7 delays)	1.5	Based on previous year	Only April to August data available.
2D: The outcomes of short-term services (reablement) – sequel to service	-	63.0%	60.5%	75.8%	129/152	↓	51.3%	56.9%	63.5%		New measure for 2014/15.
Indicator	2013/14	2014/15	2015/16	2015/16 Benchmarking			2016/17 Q1	2016/17 Q2	Target	Rating	Comments

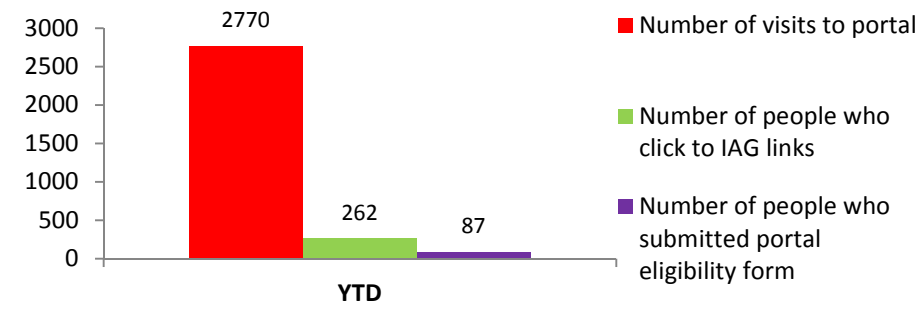
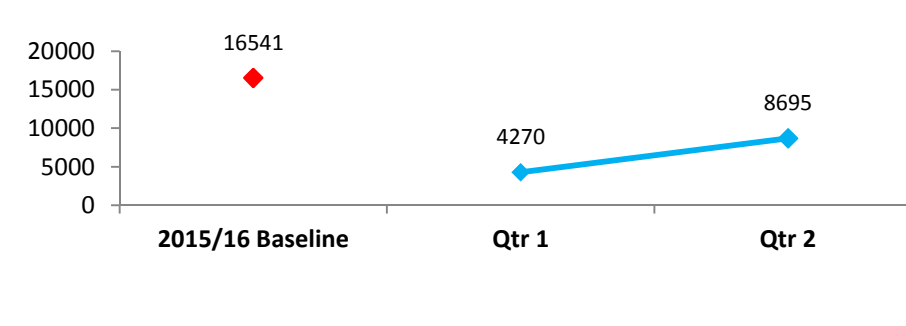
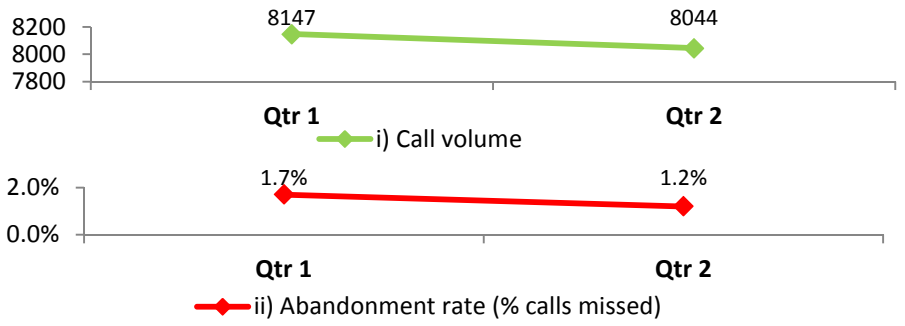
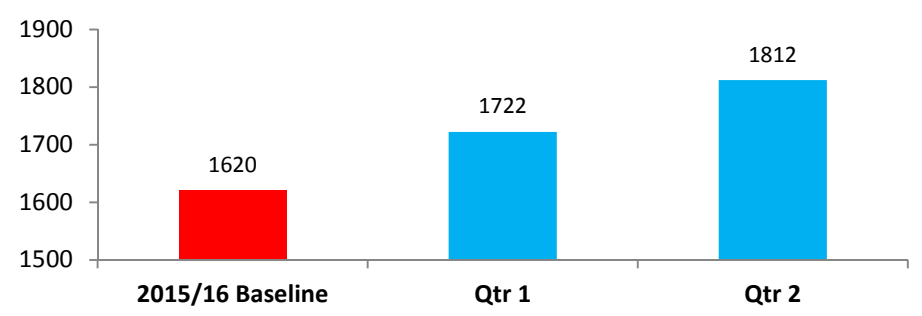
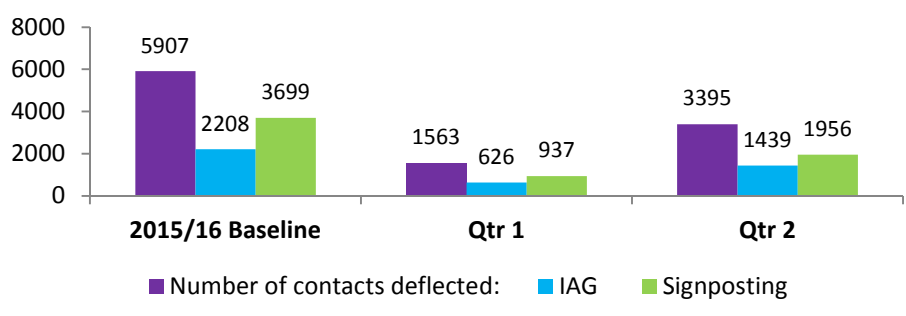
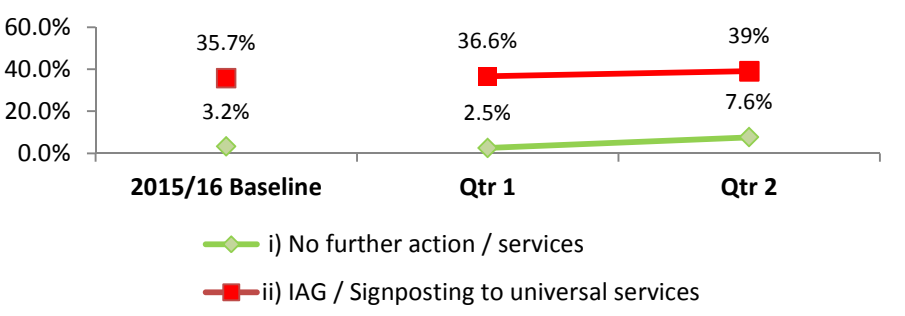
				England Average	England Ranking	England Rank DoT						
3A: Overall satisfaction of people who use services with their care and support.	62.2%	56.9%	61.7%	64.4%	104/150	↑	N/A	N/A	62.5%	N/A	16/17 user survey results available May '17	
3B: Overall satisfaction of carers with social services.	No carers survey	37.7%	No carers survey	N/A	N/A	N/A	N/A	N/A	39.2%	N/A	16/17 carer's survey results available May '17	
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	No carers survey	68.5%	No carers survey	N/A	N/A	N/A	N/A	N/A	70.5%	N/A	16/17 carer's survey results available May '17	
3D: The proportion of service users and carers who find it easy to find information about services.	Users	70.4%	62.0%	61.7%	73.5%	150/150	↔	N/A	N/A	65.0%	N/A	16/17 user survey results available May '17
	Carers	No carers survey	55.5%	No carers survey	N/A	N/A	N/A	N/A	N/A	61.0%	N/A	16/17 carer's survey results available May '17
4A: The proportion of service users who feel safe.	61.6%	58.3%	60.8%	69.0%	144/150	↑	N/A	N/A	63.0%	N/A	16/17 user survey results available May '17	
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	79.7%	75.4%	80.7%	85.5%	117/150	↑	N/A	N/A	82.5%	N/A	16/17 user survey results available May '17	

Forecast to meet or exceed target - 9

Performance within 0.5% of target - 2

Forecast to miss target - 4

N/A - No data on which to make a judgement - 12

APB1a - ASC Portal (JM)	APB1b - Total number of ASC contacts received (HM)	ABP1c - Effectiveness of call handling: (HM)
 <p>YTD</p> <ul style="list-style-type: none"> Number of visits to portal: 2770 Number of people who click to IAG links: 262 Number of people who submitted portal eligibility form: 87 	 <p>2015/16 Baseline, Qtr 1, Qtr 2</p>	 <p>Qtr 1, Qtr 2</p> <ul style="list-style-type: none"> i) Call volume ii) Abandonment rate (% calls missed)
<p>DATA - Data relating to the use of the ASC Portal may be significantly inflated due to the following activities being included in the data: 1 - Testing done to ensure that enhancements applied did not disrupt use of the portal. 2 - The portal was marketed and demonstrated to partners and council teams. 3 - Other local authorities have been using our portal site to review the work we have done. We are unable to isolate any customer use from the activity detailed above, other than the submissions received by Contact and Response. ACTION - Over time testing and promotional activity will reduce giving a clearer picture of genuine customer user of the portal. Data on those users accessing Information, Advice and Guidance through links on in the portal is only available for September. This is encouraging, with 262 clicks for IAG made during the month.</p>	<p>DATA - Need to check impact of recording response work on contacts data - Using the contacts form to record response activity will increase overall figure but relates entirely to existing customers so need to be excluded if the contacts received figure relates to new contacts. Head of Service and Team Leader lead to clarify with and determine future reporting parameters. Need to cross reference with portal traffic data.</p>	<p>DATA - Data indicates good performance in relation to call handling. Trial reduction of numbers of staff allocated to telephone cover over Christmas period will see impact in Q3 figures and review.</p>
ABP1d - Number of repeat contacts within 12 months with same contact reason for the repeat contact (HM)	ABP1e - Action taken as a result of contact: (HM)	ABP1f - Percentage of contacts leading to: (HM)
 <p>2015/16 Baseline, Qtr 1, Qtr 2</p>	 <p>2015/16 Baseline, Qtr 1, Qtr 2</p> <ul style="list-style-type: none"> Number of contacts deflected IAG Signposting 	 <p>2015/16 Baseline, Qtr 1, Qtr 2</p> <ul style="list-style-type: none"> i) No further action / services ii) IAG / Signposting to universal services
<p>DATA - Need to check impact of using response data in this data set. New indicator, needs some analysis to understand what data is saying eg successfully deflected for a period/not getting right first time/anything else.</p>	<p>DATA - In right direction. Still some improvement expected in both data accuracy and performance. Need to understand impact of portal/ online self service</p>	<p>DATA - In right direction. Still some improvement expected in both data accuracy and performance. Need to understand impact of portal/ online self service</p>

<p>ABP1g - Percentage of contacts acted upon with 24 hours (HM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>81.5%</td> </tr> <tr> <td>Qtr 1</td> <td>76.8%</td> </tr> <tr> <td>Qtr 2</td> <td>68.20%</td> </tr> </tbody> </table>	Period	Percentage	2015/16 Baseline	81.5%	Qtr 1	76.8%	Qtr 2	68.20%	<p>APB2a - Percentage of new contacts who go on for a further assessment (HM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>30.8%</td> </tr> <tr> <td>Qtr 1</td> <td>32.4%</td> </tr> <tr> <td>Qtr 2</td> <td>35.30%</td> </tr> </tbody> </table>	Period	Percentage	2015/16 Baseline	30.8%	Qtr 1	32.4%	Qtr 2	35.30%	<p>APB2b - Number of assessments completed by type (HM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of assessments completed</th> <th>Contact</th> <th>SAQ</th> <th>OT</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>7555</td> <td>4022</td> <td>1586</td> <td>1935</td> <td></td> </tr> <tr> <td>Qtr 1</td> <td>1689</td> <td>884</td> <td>470</td> <td>335</td> <td></td> </tr> <tr> <td>Qtr 2</td> <td>3415</td> <td>1792</td> <td>926</td> <td>697</td> <td>214</td> </tr> </tbody> </table>	Period	Number of assessments completed	Contact	SAQ	OT	Other	2015/16 Baseline	7555	4022	1586	1935		Qtr 1	1689	884	470	335		Qtr 2	3415	1792	926	697	214
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<p>DATA - Data indicates reduction in numbers of contacts dealt with in 24 hours - small but persistent backlog of unallocated cases due to staffing shortage. Business case developed for overtime to tackle ahead of Q3.</p>	<p>DATA - Data indicates more contacts converting to contact assessments - not as anticipated from local data collection . Head of Service to check parameters of report for accuracy / data quality.</p>	<p>DATA - Same number and type of assessments as last year</p>																																								
<p>ABP2c - Outcomes following assessment - numbers found to be: (HM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>i) Eligible needs</th> <th>ii) No eligible needs</th> <th>iii) Screened</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>5575</td> <td>788</td> <td>1192</td> </tr> <tr> <td>Qtr 1</td> <td>1336</td> <td>269</td> <td>84</td> </tr> <tr> <td>Qtr 2</td> <td>2750</td> <td>452</td> <td>158</td> </tr> </tbody> </table>	Period	i) Eligible needs	ii) No eligible needs	iii) Screened	2015/16 Baseline	5575	788	1192	Qtr 1	1336	269	84	Qtr 2	2750	452	158	<p>ABP2d - Percentage of assessments completed with 28 days / agreed timescales. (AO)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>92.60%</td> </tr> <tr> <td>Qtr 1</td> <td>90.90%</td> </tr> <tr> <td>Qtr 2</td> <td>89.20%</td> </tr> </tbody> </table>	Period	Percentage	2015/16 Baseline	92.60%	Qtr 1	90.90%	Qtr 2	89.20%	<p>ABP2e - Characteristics of the customer population: for those deemed eligible to receive support following a completed assessments (AO)</p> <p style="text-align: center;">Please see data table</p>																
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<p>DATA - More assessments resulting in screening out. Data indicating higher rate of deflection at point of assessment (as opposed to contact). Need to develop more formal approaches to strengths/asset based assessment and staff understanding of community alternatives.</p> <p>Data does not give us any cause of concern. However we need to maintain performance</p>	<p>DATA - Data tells us that we are seeing a reduction in the timely completion of assessments from our baseline and Q1 performance.</p> <p>ACTION - Assessments are most probably completed within timescales at the front door. Need to understand what actions are needed within specialities and localities and a discussion will be scheduled to get a clearer picture and identify where improvement may be driven. Action required to ensure that the downward trajectory is not a trend that continues.</p>	<p>DATA - Data does not give us any cause of concern. However we need to continue to monitor demographic profile of our customer base.</p>																																								

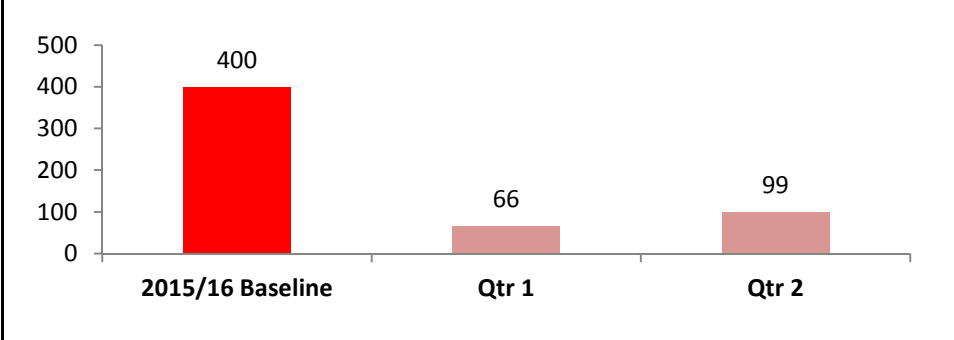
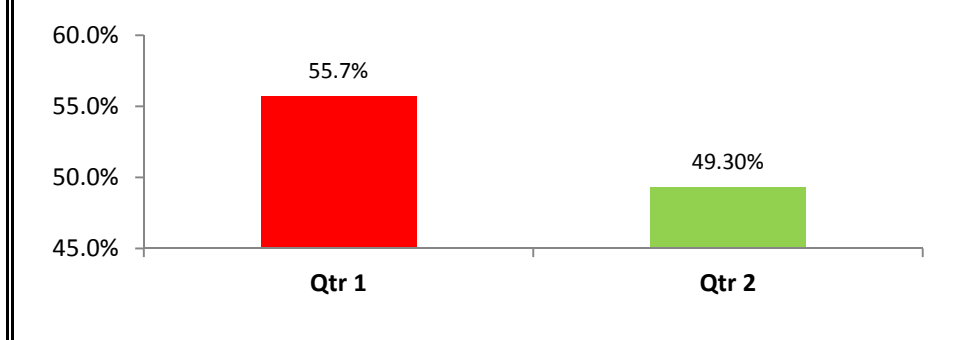
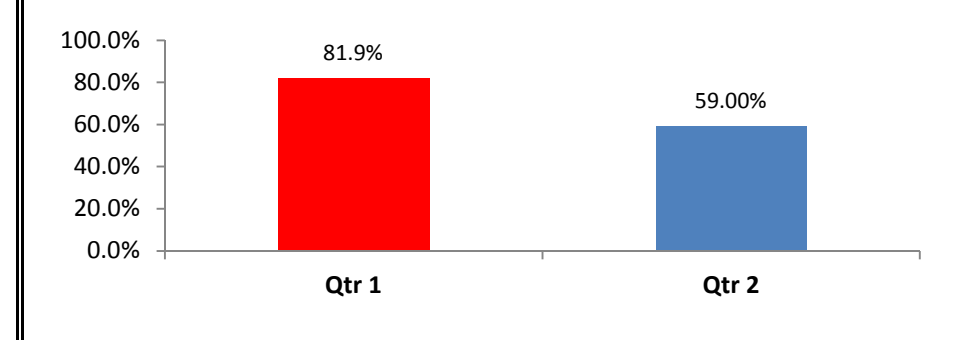
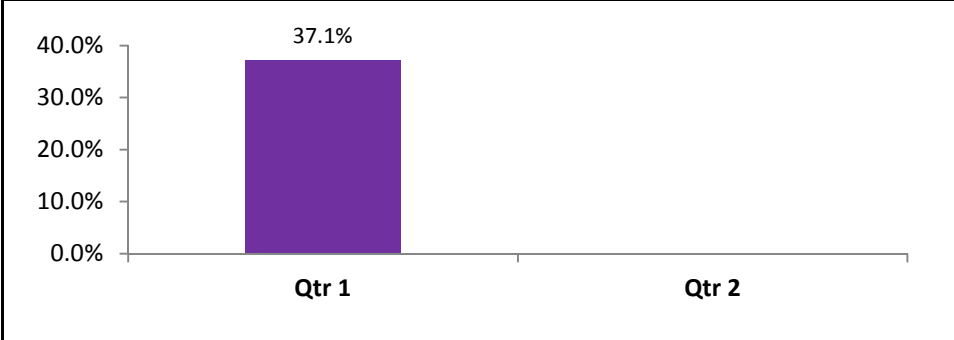
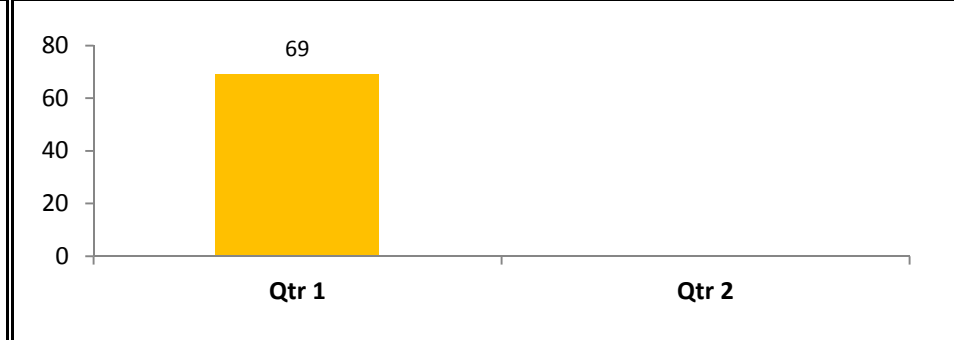
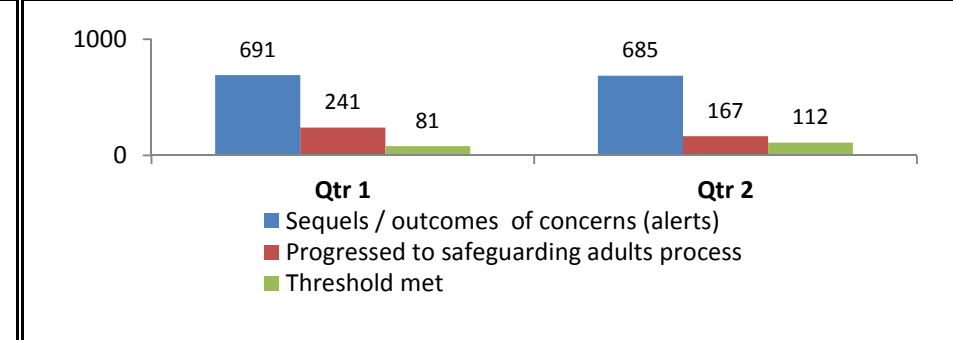
<p>ABP2f - Number of requests from new clients</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of requests</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>14589</td> </tr> <tr> <td>Qtr 1</td> <td>3649</td> </tr> <tr> <td>Qtr 2</td> <td>6915</td> </tr> </tbody> </table>	Period	Number of requests	2015/16 Baseline	14589	Qtr 1	3649	Qtr 2	6915	<p>ABP2g - Number of people entering ASC to receive a long term-support (LTS) package of care (SALT definition) (AO)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>499</td> </tr> <tr> <td>Qtr 1</td> <td>115</td> </tr> <tr> <td>Qtr 2</td> <td>233</td> </tr> </tbody> </table>	Period	Number of people	2015/16 Baseline	499	Qtr 1	115	Qtr 2	233	<p>ABP2h - Number of people in receipt of Assistive Technology (JS-B)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>No of people in receipt of Assistive Technology</th> <th>Of which were not known to AT service</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>1910</td> <td>1507</td> </tr> <tr> <td>Qtr 1</td> <td>422</td> <td>299</td> </tr> <tr> <td>Qtr 2</td> <td>843</td> <td>619</td> </tr> </tbody> </table>	Period	No of people in receipt of Assistive Technology	Of which were not known to AT service	2015/16 Baseline	1910	1507	Qtr 1	422	299	Qtr 2	843	619								
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<p>DATA - The data is encouraging with a forecast of a reduction in customers approaching ASC ACTION - Maintain positive shift primarily delivered through the demand management project.</p>	<p>DATA - On the first 6 month performance the forecast is that there will be fewer customers needing long term support ACTION - Maintain current performance although no immediate action required. If trend continues we looking at a 6% reduction this year as compared to last year however we need to analyse the package costs associated with the new customers to ensure that the reduction in numbers translates to overall cost to the department.</p>	<p>DATA - There has been a decrease in the uptake of AT for quarters 1 and 2 when compared to the last two quarters last year. This decrease is predominantly due a reduction in the amount of standalone equipment referred for by ASC (1106 items of Stand Alone equipment provided in Q3 & Q4 2015 compared to 817 items of Stand Alone equipment provided in Q1 & Q2 – a decrease of 26%). This decrease in the provision of Stand Alone AT would be expected as more contacts into ASC services are diverted away from ASC via IAG and the web portal. There has also been a slight decrease (9%) for the provision of Telecare AT. ACTION - Although the reduction in the provision of Stand Alone was anticipated, there still needs to be more promotion and clarification to ASC staff as to the AT offer provided by ASC, what equipment is readily available via the offer and what type of equipment can be provided as ad-hoc's to meet specific service user needs.</p>																																				
<p>APB3a Number of contacts that go on to receive reablement (short term support to maximise independence) - SALT (JS-B)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of contacts</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>1419</td> </tr> <tr> <td>Qtr 1</td> <td>345</td> </tr> <tr> <td>Qtr 2</td> <td>791</td> </tr> </tbody> </table>	Period	Number of contacts	2015/16 Baseline	1419	Qtr 1	345	Qtr 2	791	<p>APB3b - Reablement - Outcomes post reablement: (JS-B)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>% fully independent</th> <th>% with on-going support needs</th> <th>% reduced needs</th> <th>% increased needs</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>54.0%</td> <td>32.4%</td> <td>32.9%</td> <td>8.7%</td> </tr> <tr> <td>Qtr 1</td> <td>50.3%</td> <td>37.4%</td> <td>27.8%</td> <td>6.8%</td> </tr> <tr> <td>Qtr 2</td> <td>52.6%</td> <td>33.8%</td> <td>32.1%</td> <td>9.6%</td> </tr> </tbody> </table>	Period	% fully independent	% with on-going support needs	% reduced needs	% increased needs	2015/16 Baseline	54.0%	32.4%	32.9%	8.7%	Qtr 1	50.3%	37.4%	27.8%	6.8%	Qtr 2	52.6%	33.8%	32.1%	9.6%	<p>ABP3c - Proportion of people (65+) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services (JS-B)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Proportion of people (65+) still at home</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>88.2%</td> </tr> <tr> <td>Qtr 1</td> <td>94.5%</td> </tr> <tr> <td>Qtr 2</td> <td>93.3%</td> </tr> </tbody> </table>	Period	Proportion of people (65+) still at home	2015/16 Baseline	88.2%	Qtr 1	94.5%	Qtr 2	93.3%
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<p>DATA - The data shows that there is a 22% increase for Q2 in number and percentage of contacts that go on to receive reablement (short term support to maximise independence). If this trend was to continue until the end of the year the we can forecast and 11% increase from the previous years baseline.</p>	<p>DATA - Fully independent 2.3 % higher than Q1- moving in right direction Ongoing support needs 3.6% less than Q1 but seen a positive move. However the increased needs seems to have gone up by 2.8% for Q2 as compared to Q1. The increase is only slightly higher than the previous years baseline by 0.9%. The increase can be attributable to the a number of cases that had to be doubled up due to deterioration of the service users health after discharge from hospital. ACTION - To ensure service user is safe for discharge and able to utilise a home environment.</p>	<p>DATA - Q2 93.3% slightly decreased from Q1 at 94.5% . Generally very positive outcome as well above the baseline rate of 88.2%.</p>																																				

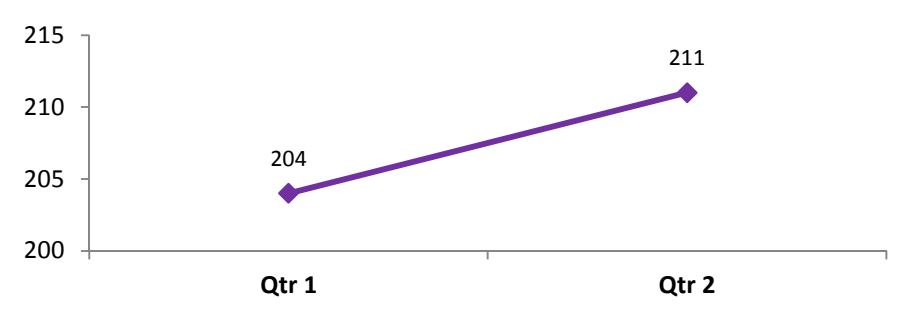
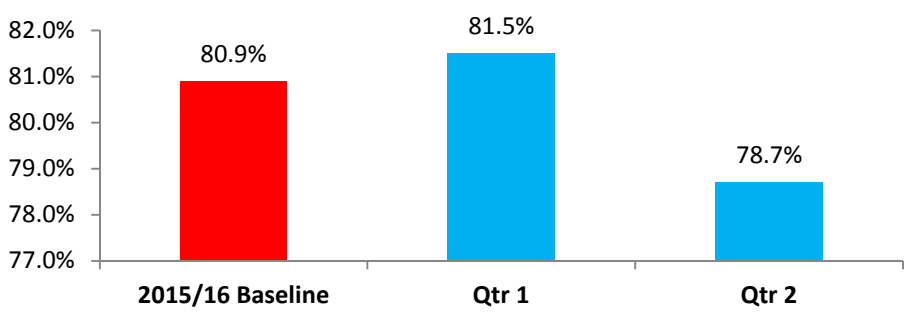
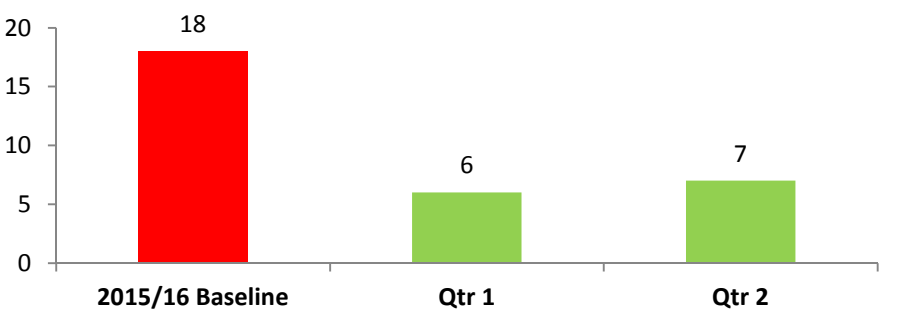
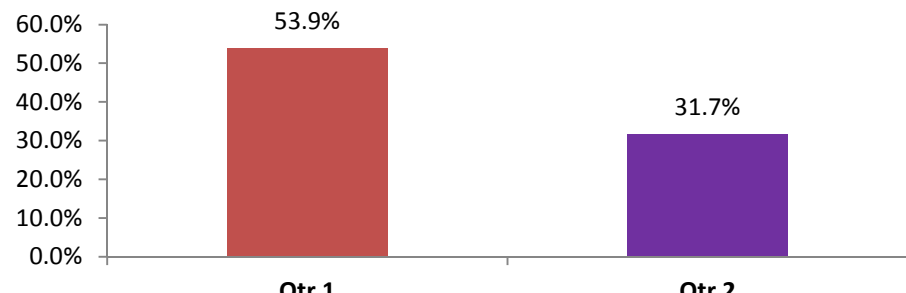
<p>ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>3.9%</td> </tr> <tr> <td>Qtr 1</td> <td>3.4%</td> </tr> <tr> <td>Qtr 2</td> <td>3.6%</td> </tr> </tbody> </table>	Category	Value	2015/16 Baseline	3.9%	Qtr 1	3.4%	Qtr 2	3.6%	<p>ABP3e - Percentage of new enablement cases allocated with 48 hrs (MM)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>77.0%</td> </tr> <tr> <td>Qtr 2</td> <td>79%</td> </tr> </tbody> </table>	Category	Value	Qtr 1	77.0%	Qtr 2	79%	<p>ABP3f - The percentage of those service users effectively enabled (QoL factors improved) (MM)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>59.6%</td> </tr> <tr> <td>Qtr 2</td> <td>53.4%</td> </tr> </tbody> </table>	Category	Value	Qtr 1	59.6%	Qtr 2	53.4%		
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<p>DATA - Year-end forecast for those completing reablement in the year – 868 Q2 moving in the right direction as compared to Q1 but year-end numbers for those completing rehab have dropped from baseline ACTION - Reduced numbers is attributable to service user being commissioned to other services such as enablement and also to better advice and guidance by contact and response in diverting away from services.</p>	<p>DATA - Shows a 2% rise in the allocation of cases from the Enablement Referral Team (ERT) decision process in accepting cases onto enablement.</p>	<p>DATA - Shows a 6.2% decrease in the quality of life/satisfaction outcomes from the user post enablement. ACTION - Scrutiny of how we measure the 'success' of enablement is underway with the performance measure potentially changing.</p>																						
<p>ABP3g - Reablement / intermediate care outcomes; result from intervention: Sequel to ST Max as per SALT (JS-B / MM)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>1356</td> </tr> <tr> <td>Qtr 1</td> <td>341</td> </tr> <tr> <td>Qtr 2</td> <td>735</td> </tr> </tbody> </table>	Category	Value	2015/16 Baseline	1356	Qtr 1	341	Qtr 2	735	<p>ABP4a - Delayed transfers of care (attributable to ASC) per 100,000 pop. (AO)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>1.7</td> </tr> <tr> <td>Qtr 1</td> <td>0.2</td> </tr> <tr> <td>Qtr 2</td> <td>0.5</td> </tr> </tbody> </table>	Category	Value	2015/16 Baseline	1.7	Qtr 1	0.2	Qtr 2	0.5	<p>ABP4b - Percentage of discharges completed without a discharge notice. (AO)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>64%</td> </tr> <tr> <td>Qtr 2</td> <td>71%</td> </tr> </tbody> </table>	Category	Value	Qtr 1	64%	Qtr 2	71%
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Qtr 2	71%																							
<p>DATA - Year-end forecast 1,470 More people completing reablement as compared to last year Q2 – a greater outcome of early cessation is noted (yr-end forecast 224 as compared to baseline – 161) this is due to a better feedback mechanism and reduction of services quicker once outcomes are reached to ensure a non dependence on services. Less people with no identified needs as compared to last year (16/17 forecast 332 as compared to 442 last year). The reduction in numbers with no identified needs could be due to better gate keeping by out contact and response team and offering advice and guidance to alternative services.</p>	<p>DATA - Data is extremely positive . ACTION - Need to maintain current levels of performance and be mindful of winter pressures.</p>	<p>DATA - Improvement from q1 from 64% to 71%. This saved bed days for the acute trust and is also patient centred. ACTION - Need to maintain current levels of performance. However, given the pressures within Health and the likely volume increase during winter pressures, this is likely to be a challenge.</p>																						

<p>APB5a - Allocations by team: (I) Number of cases allocated to each team (SD)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Total number of cases</th> <th>Total number of cases in allocation trays awaiting allocation to a worker awaiting</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>7603</td> <td>-</td> </tr> <tr> <td>Qtr 1</td> <td>7540</td> <td>303</td> </tr> <tr> <td>Qtr 2</td> <td>7482</td> <td>546</td> </tr> </tbody> </table> <p>Legend: Total number of cases (Purple), Total number of cases in allocation trays awaiting allocation to a worker awaiting (Red)</p>	Period	Total number of cases	Total number of cases in allocation trays awaiting allocation to a worker awaiting	2015/16 Baseline	7603	-	Qtr 1	7540	303	Qtr 2	7482	546	<p>ABP5d - Number of people in receipt in receipt of a long-term support (LTS) package of care</p> <table border="1"> <thead> <tr> <th>Period</th> <th>During the year</th> <th>Snap shot</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>6339</td> <td>5019</td> </tr> <tr> <td>Qtr 1</td> <td>5362</td> <td>5066</td> </tr> <tr> <td>Qtr 2</td> <td>5637</td> <td>5046</td> </tr> </tbody> </table> <p>Legend: During the year (Blue), Snap shot (Green)</p>	Period	During the year	Snap shot	2015/16 Baseline	6339	5019	Qtr 1	5362	5066	Qtr 2	5637	5046	<p>ABP5e - Number of permanent admissions into Residential / Nursing Care by narrow age-band and Primary Support Reason (BP)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Admissions</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>297</td> </tr> <tr> <td>Qtr 1</td> <td>61</td> </tr> <tr> <td>Qtr 2</td> <td>132</td> </tr> </tbody> </table>	Period	Admissions	2015/16 Baseline	297	Qtr 1	61	Qtr 2	132
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<p>DATA - The number of cases waiting to be allocated has increased in East and West Locality Teams, Learning Disability (LD) and Adult Mental Health (AMH) ACTION - Q1 - Cases are prioritised in terms of</p> <ul style="list-style-type: none"> • safeguarding concerns • need to establish capacity/Court of Protection work required • level of risk, including health and safety risks, i.e. moving and handling • Service user's situation with informal support network balanced with risk of carer strain • Outstanding debt/contribution or mismanagement of DP/inappropriate use of services • whether adequate services are in place or not, • Whether preventative services will delay the need for statutory involvement, i.e., enablement – establishing baseline/levels of independence/strengths etc. before assessing 	<p>DATA - The direction of travel for the numbers of people in residential care are on par with our strategic objectives ie moving / diverting people away from residential care services and supporting people at home. There is a slight increase in number of people receiving support from the baseline data which can be partly accounted for by the fact that non planned services are now being put onto a support plan and therefore are now being counted. Also to note that the number of people in nursing care has increased indicating additional application of joint funding (FNC /CHC). Community packages have risen slightly in response to reducing numbers of residential care which is to be expected. The overall direction of travel is positive and no remedial action is required at this stage.</p>	<p>DATA - Forecast 264 - On track with this measure. Forecasting to meet the year end target both for 18-64 and 65+ age group. Because of the winter pressure we need to be aware of the impact. Decrease in admission in MH but increase in memory and cognition for the primary support reason</p>																																
<p>ABP5f - Number of Leavers from residential / nursing care by narrow age-band and Primary Support Reason (BP)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Leavers</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>415</td> </tr> <tr> <td>Qtr 1</td> <td>74</td> </tr> <tr> <td>Qtr 2</td> <td>164</td> </tr> </tbody> </table>	Period	Leavers	2015/16 Baseline	415	Qtr 1	74	Qtr 2	164	<p>ABP5g - Number of people who have had a review in a period by age-band and PSR (SM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Reviews</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>3887</td> </tr> <tr> <td>Qtr 1</td> <td>924</td> </tr> <tr> <td>Qtr 2</td> <td>1820</td> </tr> </tbody> </table>	Period	Reviews	2015/16 Baseline	3887	Qtr 1	924	Qtr 2	1820	<p>ABP5h - Percentage of people in receipt of a service who has not been reviewed for: (SM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage of people in receipt of a service who has not been reviewed for 12 to 24 months</th> <th>Percentage of people in receipt of a service who has not been reviewed for 15 to 24 months</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>24.0%</td> <td>-</td> </tr> <tr> <td>Qtr 1</td> <td>25.4%</td> <td>-</td> </tr> <tr> <td>Qtr 2</td> <td>23.2%</td> <td>14.6%</td> </tr> </tbody> </table> <p>Legend: Percentage of people in receipt of a service who has not been reviewed for 12 to 24 months (Green), Percentage of people in receipt of a service who has not been reviewed for 15 to 24 months (Red)</p>	Period	Percentage of people in receipt of a service who has not been reviewed for 12 to 24 months	Percentage of people in receipt of a service who has not been reviewed for 15 to 24 months	2015/16 Baseline	24.0%	-	Qtr 1	25.4%	-	Qtr 2	23.2%	14.6%				
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<p>DATA - Forecast 328 - Less than the previous year. People living longer post admission is having an impact on the figures</p>	<p>DATA - Performance is improving but not at the rate required. The data needs to be reviewed to confirm that all work is being captured. ACTION - Heads of Service developing productivity reports and expectations, Team Leaders (TLs) to implement with workers. TLs to use monthly reports to target priorities for reviews. HoS has met with IT colleagues and identified data recording errors - guidance to be created and issued to staff. REVIEW - Reviews targets are monitored monthly through the Programme Board and the teams are targeting reviews. This work has meant that we are on target to perform better than 2015/16.</p>	<p>DATA - The data shows that teams have been prioritising the most out of date reviews so, whereas the numbers of reviews more than 24 months out of date is decreasing, the number between 15 and 24 months remains the same and the number between 12 and 24 months is increasing. ACTION - Heads of Service developing productivity reports and expectations, TLs to implement with workers. TLs to use monthly reports to target priorities for reviews. HoS has met with IT colleagues and identified data recording errors - guidance to be created and issued to staff. Team Leaders to use supervision to ensure workers are undertaking reviews on current caseloads. REVIEW - Reviews targets are monitored monthly through the Programme Board and the teams are targeting reviews. This work has meant that we are on target to perform better than 2015/16.</p>																																

<p>ABP5i - Number and percentage of people in receipt of a service who has not been reviewed for 24 months or more (SM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of People</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>1012</td> <td>20.2%</td> </tr> <tr> <td>Qtr 1</td> <td>927</td> <td>18.3%</td> </tr> <tr> <td>Qtr 2</td> <td>778</td> <td>13.8%</td> </tr> </tbody> </table>	Period	Number of People	Percentage	2015/16 Baseline	1012	20.2%	Qtr 1	927	18.3%	Qtr 2	778	13.8%	<p>ABP5j - Direct Payments: (SD)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Total DPs</th> <th>DPs with only set-up support</th> <th>Users with pre-paid cards</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>2057</td> <td>-</td> <td>-</td> </tr> <tr> <td>Qtr 1</td> <td>1879</td> <td>328</td> <td>713</td> </tr> <tr> <td>Qtr 2</td> <td>1889</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Period	Total DPs	DPs with only set-up support	Users with pre-paid cards	2015/16 Baseline	2057	-	-	Qtr 1	1879	328	713	Qtr 2	1889	-	-	<p>ABP5k - Number of people receiving domiciliary care (TS)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of People</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>2607</td> </tr> <tr> <td>Qtr 1</td> <td>1981</td> </tr> <tr> <td>Qtr 2</td> <td>2135</td> </tr> </tbody> </table>	Period	Number of People	2015/16 Baseline	2607	Qtr 1	1981	Qtr 2	2135
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<p>DATA - The number of people who haven't received a review within 24 months is decreasing as these most out-of-date reviews are prioritised. ACTION - Reviews targets are monitored monthly through the Programme Board and the teams are targeting reviews. The most out of date reviews have been prioritised so the numbers are falling month-on-month</p>	<p>DATA - i) The number of service users receiving DPs -----1899 ii) The number of services users receiving DPs with only set-up support from DPSSupport Service -- 762 iii) Pre-Payment Card (PPC) cases 448 Existing (new and existing service users) not including pilot cases which is now 79 cases. Difficulty with encouraging service users and their suitable person to go over to the PPC service especially when they are loyal to third parties. Issues with DPSS providers discouraging the PPC to service users,</p>	<p>DATA - There has been a slight decrease in 2016-17 of individuals in receipt of directly commissioned Dom Care, compared to previous years. Whilst this may be representative of actual activity, there are many other factors that could potentially account for this. For example, it may be that a greater number of individuals are receiving Dom Care through a Direct Payment, which would therefore mask net activity as a seeming reduction . ACTION - Contract Team and Performance Team to undertake some more in-depth analysis of this in the near future. Added to forward work plan. The team will also investigate how Dom Care commissioned through Direct Payments can be tracked more clearly.</p>																																				
<p>ABP5l - Number of domiciliary care hours delivered (TS)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of Hours</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>960000</td> </tr> <tr> <td>Qtr 1</td> <td>239636</td> </tr> <tr> <td>Qtr 2</td> <td>474858</td> </tr> </tbody> </table>	Period	Number of Hours	2015/16 Baseline	960000	Qtr 1	239636	Qtr 2	474858	<p>ABP5m - Number of working age customers moved out of residential care into supported accommodation (RR)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Number of Customers</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>7</td> </tr> <tr> <td>Qtr 2</td> <td>10</td> </tr> </tbody> </table>	Period	Number of Customers	Qtr 1	7	Qtr 2	10	<p>ABP5n - The number of people with mental health needs (including dementia) in residential care (SM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>By Primary Client Type</th> <th>By Primary Support Reason</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>143</td> <td>-</td> </tr> <tr> <td>Qtr 1</td> <td>136</td> <td>145</td> </tr> <tr> <td>Qtr 2</td> <td>138</td> <td>140</td> </tr> </tbody> </table>	Period	By Primary Client Type	By Primary Support Reason	2015/16 Baseline	143	-	Qtr 1	136	145	Qtr 2	138	140										
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<p>DATA - Direction of travel slightly up in Q2, but down compared to previous year. Benchmarking data: 2014-15 = 931,777 hours 2015-16 = 954,930 hours Again, potential issues relating to Dom Care commissioned through a Direct Payment may be (but is not necessarily) a factor, and will be investigated as above. ACTION - Contracts Team and Performance Team to undertake some more in-depth analysis of this in the near future. Added to forward work plan. The teams will also investigate how Dom Care commissioned through Direct Payments can be tracked more clearly.</p>	<p>DATA - NEW MEASURE - NO COMPARABLE DATA</p>	<p>DATA - The numbers of people in res care has gone up by two from the previous quarter but remains lower than at the end of 2015/16. ACTION - All placements within residential care have to be authorised by a HoS and reasons for this are logged to ensure that any unmet needs are fed into commissioning plans. This is to continue.</p>																																				

<p>ABP5o - The number of people with a learning disability in residential care (RR)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>By Primary Client Type</th> <th>By Primary Support Reason</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>182</td> <td>-</td> </tr> <tr> <td>Qtr 1</td> <td>177</td> <td>178</td> </tr> <tr> <td>Qtr 2</td> <td>176</td> <td>177</td> </tr> </tbody> </table>	Period	By Primary Client Type	By Primary Support Reason	2015/16 Baseline	182	-	Qtr 1	177	178	Qtr 2	176	177	<p>ABP5p - The number of people in interim residential care placements (BP)</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Interim</th> <th>Short term</th> <th>Respite</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>5</td> <td>37</td> <td>6</td> </tr> <tr> <td>Qtr 2</td> <td>6</td> <td>64</td> <td>9</td> </tr> </tbody> </table>	Quarter	Interim	Short term	Respite	Qtr 1	5	37	6	Qtr 2	6	64	9	<p>ABP5q - Case management – Cases allocated to worker for more than 100 days (BP)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Cases open for more than 100 days</td> <td>738</td> </tr> <tr> <td>Of those had an open service</td> <td>504</td> </tr> </tbody> </table>	Category	Value	Cases open for more than 100 days	738	Of those had an open service	504						
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<p>DATA - This data supports our strategic priorities to reduce number of people in residential care. ACTION - There is potential for improvement in this figures, however it is recognised that the reposition process can be lengthy and subject to the following: * appropriate SL provision * reassessment and capacity assessment to determine best interest decision where appropriate * appropriateness of enablement input to reduce costs REVIEW - This work is monitored via the residential care board</p>	<p>DATA - HoS is working on this to understand the cause of the increase on short term and have more info for Q3 West - 13 East- (inc. SRCT) - 21 AMH - 6 LD - 14 Substance - 10 Transition - 2</p>	<p>DATA - New measure this year - Further breakdown of data requested to identify spread across teams and reasons for cases remaining open beyond 100 days. Data analysis an urgent priority for Q4.</p>																																				
<p>ABP5r - Number of Section 117 cases – with and without an open care package (SM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Total</th> <th>Open package</th> <th>No open package</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>741</td> <td>-</td> <td>-</td> </tr> <tr> <td>Qtr 1</td> <td>746</td> <td>393</td> <td>353</td> </tr> <tr> <td>Qtr 2</td> <td>764</td> <td>370</td> <td>394</td> </tr> </tbody> </table>	Period	Total	Open package	No open package	2015/16 Baseline	741	-	-	Qtr 1	746	393	353	Qtr 2	764	370	394	<p>ABP6a - Number of Carers receiving needs assessment (HM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>2257</td> </tr> <tr> <td>Qtr 1</td> <td>580</td> </tr> <tr> <td>Qtr 2</td> <td>1081</td> </tr> </tbody> </table>	Period	Value	2015/16 Baseline	2257	Qtr 1	580	Qtr 2	1081	<p>ABP6b - Number of separate assessments /Joint assessments (HM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Joint</th> <th>Separate</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>1711</td> <td>400</td> </tr> <tr> <td>Qtr 1</td> <td>484</td> <td>66</td> </tr> <tr> <td>Qtr 2</td> <td>906</td> <td>99</td> </tr> </tbody> </table>	Period	Joint	Separate	2015/16 Baseline	1711	400	Qtr 1	484	66	Qtr 2	906	99
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<p>DATA - The fact that there are more people open on LiquidLogic (LL) with S117 status shows an improvement in data recording. ACTION - Guidance to be re-issued to staff to make sure that S117 cases are being appropriately recorded and people understand the process for discharging people from S117 obligations. REVIEW - Guidance has increased people's understanding of S117, leading to an increase in the recording of this.</p>	<p>DATA - Data indicates similar level of performance as last year. The anticipated increase in requests for carers assessments following the introduction of the Care Act has not as yet materialised.</p>	<p>DATA - We continue to improve the ratio of joint assessments (i.e. service user and carer assessed together) over separate assessments of the carer.</p>																																				

<p>ABP6c - Number of carers provided with information through the 'Carer's Training Plan'</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of Carers</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>400</td> </tr> <tr> <td>Qtr 1</td> <td>66</td> </tr> <tr> <td>Qtr 2</td> <td>99</td> </tr> </tbody> </table>	Period	Number of Carers	2015/16 Baseline	400	Qtr 1	66	Qtr 2	99	<p>ABP7a - Percentage of concerns responded to within 24 hours (JB)</p>  <table border="1"> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>55.7%</td> </tr> <tr> <td>Qtr 2</td> <td>49.30%</td> </tr> </tbody> </table>	Quarter	Percentage	Qtr 1	55.7%	Qtr 2	49.30%	<p>ABP7b - Percentage of enquiries completed within 28 days (JB)</p>  <table border="1"> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>81.9%</td> </tr> <tr> <td>Qtr 2</td> <td>59.00%</td> </tr> </tbody> </table>	Quarter	Percentage	Qtr 1	81.9%	Qtr 2	59.00%				
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<p>DATA - There will be no further monitoring of this measure as Carers Training Plan is no longer in place.</p>	<p>DATA - Issues with definition interpretation have been identified with this measure. The wording could easily be seen as referring to a response to a received alert, when in actual fact it is intended to measure the timescale between the safeguarding threshold being met and the strategy meeting taking place. Furthermore, LL and the Dashboard report timescales differently - the former counts working days, the latter calendar days. ACTION - Simplify LL recording and ensure that workforce are clear about data entry. Align the dashboard and LL to provide assurance on the accuracy and robustness of data. It would be advisable to run a monthly report to monitor performance following these actions and consider remedial action if indicated.</p>	<p>DATA - Whilst recording and whether calendar or working days are used might contribute to the drop, irrespective of this fact, performance appears to have deteriorated by a significant percentage. ACTION - Further analysis of the data collection is required to exclude any data quality issues, alongside looking at whether there have been spikes in the total number of referrals that might be skewing the percentages. Following this an audit exercise will be undertaken to drill down into the issue to enable appropriate action to be taken.</p>																								
<p>ABP7c - Percentage of people who have had their desired safeguarding outcomes met (JB)</p>  <table border="1"> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>37.1%</td> </tr> <tr> <td>Qtr 2</td> <td>0%</td> </tr> </tbody> </table>	Quarter	Percentage	Qtr 1	37.1%	Qtr 2	0%	<p>ABP7e - MSP – Number of people where the principles of MSP were adhered to (JB)</p>  <table border="1"> <thead> <tr> <th>Quarter</th> <th>Number of People</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>69</td> </tr> <tr> <td>Qtr 2</td> <td>0</td> </tr> </tbody> </table>	Quarter	Number of People	Qtr 1	69	Qtr 2	0	<p>ABP7f - Sequels / outcomes of concerns (alerts) (JB)</p>  <table border="1"> <thead> <tr> <th>Quarter</th> <th>Sequels / outcomes of concerns (alerts)</th> <th>Progressed to safeguarding adults process</th> <th>Threshold met</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>691</td> <td>241</td> <td>81</td> </tr> <tr> <td>Qtr 2</td> <td>685</td> <td>167</td> <td>112</td> </tr> </tbody> </table>	Quarter	Sequels / outcomes of concerns (alerts)	Progressed to safeguarding adults process	Threshold met	Qtr 1	691	241	81	Qtr 2	685	167	112
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Qtr 1	691	241	81																							
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<p>DATA - It has very recently come to the attention of the Head of Safeguarding that there have been significant reporting issues over the period that would make the available data high inaccurate for reporting purposes. Whilst a time scaled plan has been implemented to retrospectively capture this data, it was not available within the timeframe for this performance report. ACTION - Briefings have already been arranged for all TLs to ensure that the workforce is clear about the reporting requirements and an analysis will be undertaken on the data when available to add a further level of assurance. A low level audit will be undertaken during the next reporting period to enable a proactive approach to be taken to any performance concerns identified on this key priority area</p>	<p>As per narrative for ABP7c</p>	<p>DATA - The numbers of alerts have remained broadly the same in Q1 and Q2, although in Q2 fewer have progressed to full information gathering, but of these a greater number have met the threshold for a full S42 enquiry. It is not possible to draw any definitive professional conclusions from this without further data analysis, but at this point there is nothing specific to note. This will be considered further when Q3 data is available.</p>																								

<p>ABP7g - Number of repeat enquiries within the year (JB)</p>  <table border="1"> <thead> <tr> <th>Quarter</th> <th>Number of repeat enquiries</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>204</td> </tr> <tr> <td>Qtr 2</td> <td>211</td> </tr> </tbody> </table>	Quarter	Number of repeat enquiries	Qtr 1	204	Qtr 2	211	<p>ABP8a - Proportion of contracted providers to be compliant at the point of assessment, of those eligible to receive a QAF assessment (TS)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Proportion compliant</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>80.9%</td> </tr> <tr> <td>Qtr 1</td> <td>81.5%</td> </tr> <tr> <td>Qtr 2</td> <td>78.7%</td> </tr> </tbody> </table>	Period	Proportion compliant	2015/16 Baseline	80.9%	Qtr 1	81.5%	Qtr 2	78.7%	<p>ABP8c - Total number of contract breaches within the period (Notice to Remedy Breach issued) (TS)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Total number of contract breaches</th> </tr> </thead> <tbody> <tr> <td>2015/16 Baseline</td> <td>18</td> </tr> <tr> <td>Qtr 1</td> <td>6</td> </tr> <tr> <td>Qtr 2</td> <td>7</td> </tr> </tbody> </table>	Period	Total number of contract breaches	2015/16 Baseline	18	Qtr 1	6	Qtr 2	7
Quarter	Number of repeat enquiries																							
Qtr 1	204																							
Qtr 2	211																							
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Period	Total number of contract breaches																							
2015/16 Baseline	18																							
Qtr 1	6																							
Qtr 2	7																							
<p>DATA - This measure looks at data over a 12 month rolling period. The number of repeat referrals has remained at broadly the same (204/211) and this does merit further analysis to understand themes, trends and to form a professional judgement on the effectiveness of safeguarding activity. There is some evidence that Leicester City has a higher than average number of repeat referrals, but a deeper level of analysis is required, as well as looking at the impacts of MSP before any definitive conclusions can be drawn.</p> <p>ACTION - Undertake a deeper level analysis of data - including setting (residential vs Community), PSR, audit of cases where risks remain and outcomes of second enquiries. Benchmarking and recording analysis would also provide useful data for further consideration.</p>	<p>DATA - The new methodology for calculating QAF compliance only began in Q1 2016-17, and as a result it is difficult to make any observations regarding trend/DoT at present. This will materialise more clearly by the end of 2016-17.</p> <p>ACTION - All providers deemed to be non-compliant with the Quality Assurance Framework (QAF) will be subject to a follow up process by CaAS, which will include action planning and subsequent QAF reviews. It is expected that following this intervention by CaAS, all providers should be compliant within 12 months of their initial QAF assessment.</p>	<p>DATA - In Q1 2016-17, a total of six contracts were found to be in breach. All six of these breaches related to Residential/Nursing care contracts. In fact, two providers were issued with breaches to three contracts each, accounting for the total breaches. In Q2 2016-17, a total of seven contracts were found to be in breach. There were three Residential/Nursing care Legal Histories recorded (One contract termination, one NTRB re-issued, and one NTRB for Health and Safety). There were also four VCS Legal Histories recorded, all related to the same provider across four contracts. These issues were in regards to a DPA breach, and consisted of an NTRB and SOP across all contracts).</p>																						
<p>ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within 28 days (TS)</p>																								
 <table border="1"> <thead> <tr> <th>Quarter</th> <th>Proportion completed and closed within 28 days</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>53.9%</td> </tr> <tr> <td>Qtr 2</td> <td>31.7%</td> </tr> </tbody> </table>			Quarter	Proportion completed and closed within 28 days	Qtr 1	53.9%	Qtr 2	31.7%																
Quarter	Proportion completed and closed within 28 days																							
Qtr 1	53.9%																							
Qtr 2	31.7%																							
<p>DATA - There has been a notable increase in the number of Notifications of Concern (NOCs) closed within Q2 (but outside of the 28 day target), contributing to the overall rate of completion falling by 22.2%. However, this is largely due to a clean-up of outstanding NOCs by contract managers/officers, following a significant period of change to contract portfolios. We would expect the total number of closed NOCs to fall in Q3, coupled with an increased rate of NOCs closed within target</p> <p>ACTION - Contracts Team have recently set up a new NOC dashboard to monitor and track NOC closure activity within the team. Unfortunately, we are not in a position to report on the non-regulated NOCs at this time. However, we are going to be working closely with the BAS team to make sure that this is available in future reporting. Hence, the data presented for Q1-Q2 2016-17 is representative of regulated services only.</p>																								

ASC Customer Measures Dashboard 2016/17 Quarter 2

Appendix 5.

Quality of Life Outcomes

The % of service users whose quality of life has improved as a result of their care package (Re-Assessments)

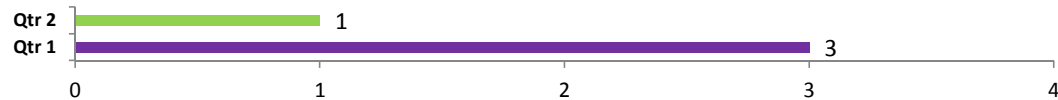


Help and support from ASC Services

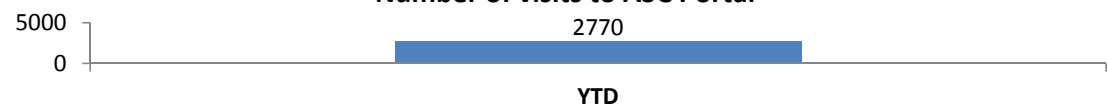
Number of complaints received by the department concerning challenging practice decisions



Number of complaints received concerning delay in receiving a service



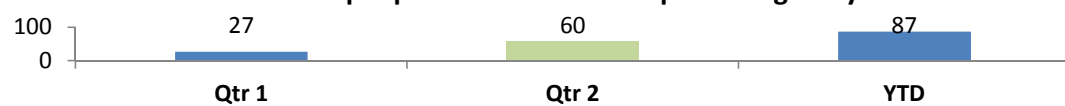
Number of visits to ASC Portal



Number of people who click on IAG links

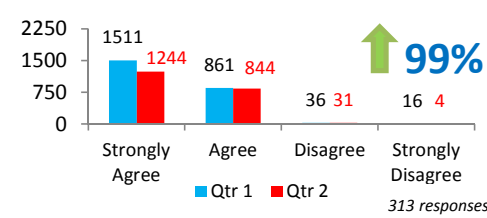
262/805

Number of people who submitted a portal eligibility form

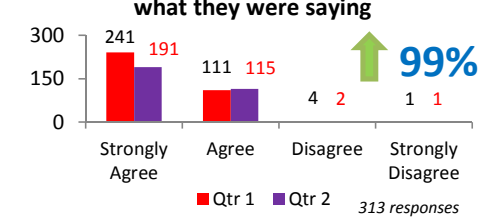


Quality of interaction with ASC Services and staff

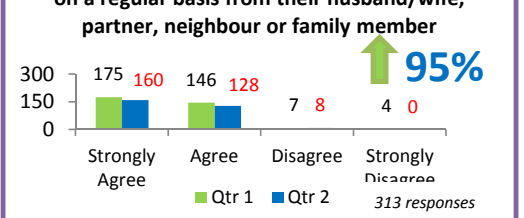
% of service users satisfied/ highly satisfied with quality of interaction with ASC staff



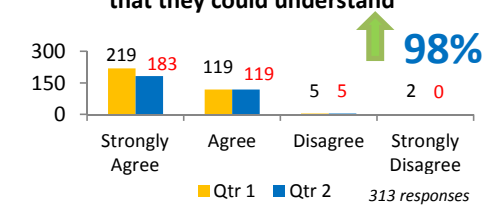
% of service users who felt that their social worker who spoke with them understood what they were saying



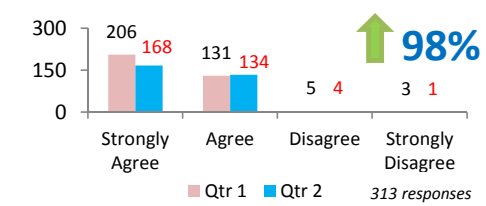
% of service users who felt that their social worker discussed any practical help they receive on a regular basis from their husband/wife, partner, neighbour or family member



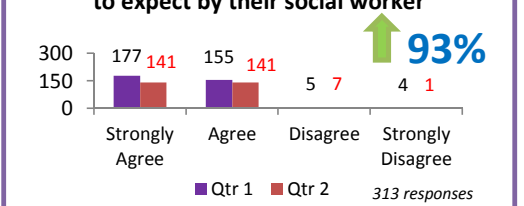
% of service users who felt that their social worker provided them with clear information that they could understand



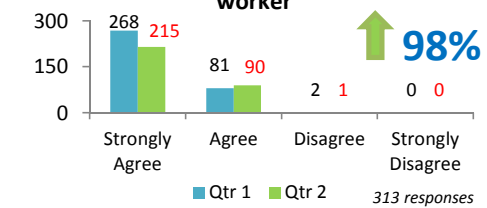
% of service users who felt their social worker explained what would happen next



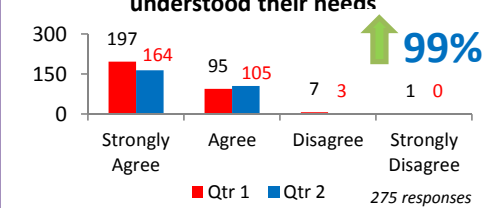
% of service users who felt their experience of the process matched what they were told to expect by their social worker



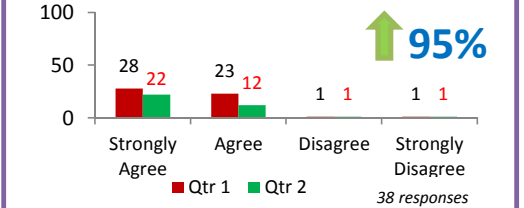
% of service users who felt they were treated with respect and dignity by their social worker



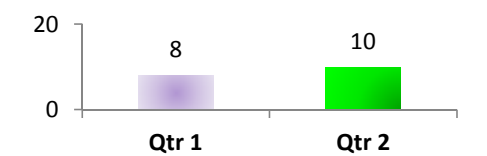
*(A) % of service users who felt that their social worker was knowledgeable and understood their needs



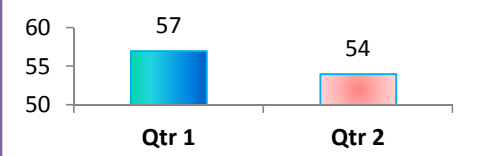
*(B) % of service users who would not have changed anything in the process



Number of complaints received regarding staff attitudes/behaviour



Number of commendations received



*(A) User experience of ASC services

(B) User experience of ASC via contact & response team

Adult Social Care Scrutiny Commission

Draft Work Programme 2016 – 2017

Meeting Date	Topic	Actions Arising	Progress
12 th Jul 16	<ol style="list-style-type: none"> 1) Adult Social Care Commissioning Intentions 2016/17 2) Annual Quality of Care Statement for 2015 3) Re-procurement of Domiciliary Care Contracts 4) Draft Scoping Document – End of Life Social Care Review 	<ol style="list-style-type: none"> 1) Future plans for delivering the commissioning intentions to be brought to the Commission in a timely manner and some anonymised case studies, regarding independence to be sent to Commission Members. 2) Information on other local authorities' incentive schemes for providers is sent to Members and the Chair to meet with Healthwatch. 3) The Commission is given further opportunities to comment on the re-procurement of domiciliary care support services and a report on the living wage to be added to the Commission's work programme. 	
8 th Sep 16	<ol style="list-style-type: none"> 1) Quarterly Performance Report: Qtr. 1, April to June 2016/17' 2) Domiciliary Care Re-Procurement 3) Impact of Working Age Adults on ASC 4) Disability Related Expenditure – Outcome of the Consultation. 	<ol style="list-style-type: none"> 1) For the Chairs of ASC and HWB Scrutiny to write a letter to the Secretary of State, expressing the Commission's concerns relating to proposals to cap housing benefit payments to residents in Extra Care. For details of the numbers of people who had their safeguarding outcomes either partially or full met to be sent to Members. 4) A further report is brought back to the Scrutiny Commission, should any changes to DRE be considered. 	Info has been circulated.
25 th Oct 16	<ol style="list-style-type: none"> 1) Leicester Safeguarding Adults Board – Annual Report for 2015/16 2) Leicester Ageing Together 3) Local Account for 2015/16 4) The Executive's response to the Commission's Review on Community Screening 5) Changes to the Dementia Care Advice Service 6) Kingfisher Unit 	<ol style="list-style-type: none"> 3) The commission requested that the situation regarding funding for prevention and intervention initiatives be clarified in the report. 4) A further written report to update on progress on actions taken in response to the review's recommendations is brought back to the commission. 	

Meeting Date	Topic	Actions Arising	Progress
12 th Dec 16	<p>*Theme: Autism</p> <ol style="list-style-type: none"> 1) BCF Update 2) Kingfisher Unit Update 3) Adult Social Care Portal – Six Month Implementation Update 4) Autism Delivery Action Plan – An Update on Progress and Self-Assessment Outcomes 5) Communication in Relation to Autism 	<ol style="list-style-type: none"> 1) A letter to be sent to the Government asking them for a quick response with regards to the funding of BCF. 3) Report to come back in 6 months' time 4) Commission to write to the city's MPs to push for greater awareness of Autism and provide adequate funding for it. 5) Series of recommendations made by the commission to raise awareness of autism and improve communication with autistic people. 	
24 th Jan 17	<ol style="list-style-type: none"> 1) Adult Social Care Budget 2) Adult Social Care Outcome Framework (ASCOF) 2015/16 3) Quarterly Performance Report – Quarter 2 4) Outcome of the Mental Health Recovery Hub Consultation 		
4 th Apr 17	<p>*Theme: Dementia</p> <ol style="list-style-type: none"> 1) Update on implementation of actions following the peer review 2) Update on the Enablement Strategy 3) Update on Dementia Strategy 4) Alzheimer's Society 5) Transition into Adulthood: Young People with Disabilities 		

Forward Plan Items

Topic	Detail	Proposed Date
Autism Strategy	Refresh of the Strategy	May/June 2017
Adult Social Care Portal	One year Implementation Update	June 2017
ASC Portal – Demo	A demonstration to Members of how the portal works and how to navigate the system.	April/May 2017
Executive’s response to the Commission’s Review on Community Screening	Written report to update on progress on actions taken in response to the review’s recommendations	TBC

