

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
19 JANUARY 2016

JOINT REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND
THE DIRECTOR OF CORPORATE RESOURCES

MEDIUM TERM FINANCIAL STRATEGY 2016/17–2019/20

Purpose of Report

1. The purpose of this report is to:
 - a) Provide information on the proposed 2016/17 to 2019/20 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department;
 - b) Ask members of the Committee to consider any issues as part of the consultation process, and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

2. The County Council agreed the current MTFS in February 2015. This was the subject of a comprehensive review and revision in light of the current economic circumstances. The draft MTFS for 2016/17–2019/20 was considered by the Cabinet on 12 January 2016.

Background

3. Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 27 January 2016. The Cabinet will consider the results of the scrutiny process on 5 February 2016 before recommending a MTFS, including a budget and capital programme for 2016/17 to the County Council on the 17 February 2016.

Financial Strategy

4. The MTFS is set out in the report to Cabinet on 12 January 2016, a copy of which has been circulated to all members of the County Council. This report highlights the implications for the Adults and Communities Department.

Service Transformation

5. It is essential that transformation of services underpins the MTFS proposals to ensure that key outcomes are delivered and services are sustainable in the future. The departmental approach is consistent with the themes in Council wide transformation.

6. Promoting people's independence whilst ensuring delivery of sustainable social care services is the Department's priority. The demands of an ageing population and increasing numbers of people with complex disabilities must be adequately funded. A greater focus on managing demand through prevention and early intervention is a key theme with the development of a new model designed to make a bigger impact at a reduced cost to the County Council. Making the service offer more sustainable will be achieved by continuing to reduce the subsidy on all services and ensuring that care and support is provided in the most cost effective way, focusing more on individual and community assets in resource allocations to service users.
7. Partnerships have become even more important with the development of integrated services with NHS organisations through the Better Care Fund (BCF), to deliver more effective community based services, thereby reducing pressure on hospital and long term services and using resources more effectively across the whole health and social care economy.
8. The Department has implemented new ways of working over the course of the last 12 months and will continue to review service models to meet the requirements and duties arising from the Care Act 2014. The focus for the next year will be to ensure that people have the right access to information and advice. Services user interactions will be transformed through developing new self-help offers and streamlining processes.
9. Communities and Wellbeing Services will increasingly be provided in partnership with communities, with specialist resources in the Council being reconfigured to support the core offer and new models of delivering services devolved from the Council. The continued development of partnerships to deliver services and new opportunities to extend access to services will be sought. This will be further informed following consultation on a draft Communities and Wellbeing (C&W) Strategy.
10. Despite a significant savings requirement in the draft MTFs expenditure on the Adults and Communities Department is expected to increase relative to the expenditure on other departments. This is a continuation of a trend established over the last few years, which has been caused by cost pressures from demographic changes and increasing care needs. The introduction of the national living wage will further shift expenditure towards the Department, due to the high proportion of the care workforce on low rates of pay. This means that expenditure on the Department is not only growing relative to other services it is expected to grow in real terms.

Proposed Revenue Budget

11. The table below summarises the proposed 2016/17 revenue budget and provisional budgets for the next three years. The proposed 2016/17 revenue budget is shown in detail in Appendix A.

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Updated original budget	133,253	133,871	132,617	134,452
Budget Transfers and Adjustments	2,708	-1,344	0	0
Sub Total	135,961	132,527	132,617	134,452
Add proposed growth (Appendix B)	5,570	6,400	5,500	5,500
Less proposed savings (Appendix C)	-7,660	-6,310	-3,665	-950
Proposed/Provisional budget	133,871	132,617	134,452	139,002

12. Detailed budgets for 2016/17 have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
13. The central contingency also includes provision for an increase in the employers' contribution to the Local Government Pension Scheme in 2016/17 and the following three years based upon the triennial actuarial revaluation of the pension fund.
14. The total gross proposed budget for 2016/17 is £228.2m with contributions from grants, health transfers and service user contributions projected of £94.4m. The proposed net budget for 2016/17 totals £133.9m and is set out below:

	£000
Employees	47,003
Running Costs	185,846
Internal Income	-4,602
Gross Budget	228,247
External Income	-94,376
Net Budget	133,871

Other Changes and Transfers

15. A number of budget transfers (totalling a net increase of £2.7m) were made through the 2015/16 financial year and are now adjusted for in the updated original budget. These transfers are:
 - £1.8m of funding for fee increases for care providers transferred from the central inflation contingency;
 - £1.2m for pay and pension inflation transferred from the central inflation contingency;
 - (£0.2m) transfer to the Children and Families Services (CFS) for business support staff relating to the Fostering and Adoption and Strengthening Families teams.
 - (£0.1m) smaller transfers to and from other departments including Local Area Co-ordinators and Legal support for Deprivation of Liberty Safeguards (DoLS).
16. Growth and savings have been categorised in the appendices under the following classification:

- * item unchanged from previous MTFS;
- ** item included in the previous MTFS, but amendments have been made;
- No stars new item.

17. This star rating is included in the descriptions set out for growth and savings below.
18. Savings have also been classified as Transformation, Departmental or as Emerging saving and highlighted as “Eff” or “SR” dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. “Inc” denotes those savings that are funding related or to generate more income.

Growth

19. As in previous years, demographic growth, increasing needs and dependencies are the main drivers of the need for growth budgets within Adult Social Care (ASC), with a significant increase in the growth requirement to deal with the increasing number of DoLS referrals.
20. The total growth required is £5.6m for 2016/17 and £23.0m over the next four years in total. The budget increases are outlined below and summarised in Appendix B.
21. ** G7 Older People demand – £1,700,000 in 2016/17 rising to £6,500,000 by 2019/20 - People aged over 65 account for the majority of the Department’s care expenditure, accounting for approximately £85 million per annum. This financial growth is required to meet the increasing numbers of older people with substantial and critical needs as well as the increasing fragility of existing service users. Future changes in demand are initially estimated using historic trends to produce a baseline forecast of the likely number and average cost of service users. Population forecasts suggest that by 2020 the over 80s population will increase at a rate of 4% per annum and the over 90s population by 6%. Over 80s are the average age most likely to need social care, with over 90s likely to require more intensive services. Although this would suggest a growth requirement of double the level proposed this is consistent with previous years. No other material, quantifiable, factors have been identified that will have a significant influence on the demand forecast. The majority of growth will be in community based services commissioned as home care or via direct cash payments.
22. ** G8 Learning Disability demand – £2,200,000 2016/17 rising to £9,900,000 by 2019/20 - Learning disabilities service users account for approximately £55 million per annum of the Department’s care expenditure. The main driver of growth is children transitioning, as they become adults, although the impact can be delayed due to continued attendance in education and support from the family. The growth requirement, compared to the current MTFs, has increased by £1.0 million across the four years of the MTFs, to reflect the known increase in assessments that the transitions service will be required to make.
23. ** G9 Adult Mental Health demand – £600,000 in 2016/17 rising to £2,400,000 by 2019/20 - Mental health service users are the lowest expenditure group, with less than £10 million per annum spent on care. Growth can still be significant due to the potential size of individual packages of care and the low level of income contributions.

24. ** G10 Physical Disability demand – £800,000 in 2016/17 rising to £3,200,000 by 2019/20 - This group of service users account for approximately £15 million of the Department's expenditure on care. This growth is primarily to meet the expected increase in service users from the projected demographic growth. This service user group is most likely to choose cash direct payments, which is where the majority of cost pressure has been experienced for this group in recent years.
25. ** G11 DoLS; £700,000 in 2016/17 rising to £1,400,000 from 2017/18 - This growth has been increased compared to the current MTFS due to the continued increase in referrals. If assessments are not undertaken the County Council is exposed to financial penalties which range from repayment of service user charges to compensation, and the associated legal costs, for depriving an individual of their liberty.

Whilst the Government has recognised the significant financial impact of the various DoLS court judgments only minimal funding has been received to date. In 2015/16 £0.3m has been received, although no indication of future funding has been received, representing a further risk. Some relief may be available in the future, as a change in legislation is expected in 2018, but the recent consultation did not indicate changes that would have a significant overall reduction in costs for the County Council.

Recruitment of County Council employed assessors is likely to take time, due to the qualification requirements and competition for staff. To help mitigate the risk of the case backlog, temporary funding is expected to be used in addition to the growth, to pay for external assessments to be undertaken.

26. * G12 Improve reablement opportunities for vulnerable adults and review of service users' needs; (£480,000) in 2016/17 - This is an adjustment to remove the temporary funding, which was received for 2015/16 only, from the Department's budget.
27. G13 Health Integration lead; £50,000 in 2016/17 - To reflect the continuing development of the County Council's integration with Health, this growth is for the County Council's on going contribution toward the integration lead post that has been previously funded from earmarked funds.

Savings

28. Details of proposed savings are set out in Appendix C and total £7.7m in 2016/17 and £18.6m over the next four years in total.

Adult Social Care Savings

Transformation Savings

29. ** AC1 (Eff) Effective Management of Direct Payments; £350,000 in 2016/17 rising to £500,000 by 2018/19 - Direct Payment Cards were introduced in November 2015 to enable easier management of direct payments by service users as well as more accessibility for the Council regarding information on spend analysis, reducing the opportunity for fraud and easier claw-back of unused budgets. The improved monitoring information will allow timely reviews to be undertaken and direct payments reduced where appropriate, to deliver the on-going saving. This will also inform and improve future commissioning of direct payments.

30. ** AC2 (Eff) Outcome Based Commissioning – Help to Live At Home Project; £1,000,000 from 2017/18 - Packages of domiciliary care are currently commissioned separately by Health and the County Council, and are being delivered by up to 150 providers across the county. Through the project, Health and the County Council will jointly commission a new model of personal care at home for Leicestershire residents. This will significantly rationalise the number of providers to a maximum of 18 into locality based lots, through one specification and one contract.

The savings are expected to be generated for the County Council by:

- Reablement provided by the independent sector at a significantly lower cost than the in-house service for community referrals;
- The cost of standard home care is reduced following consolidation into a smaller number of suppliers who have exclusivity in a specific geographic area/s.

The level of change brought about by the project is significant. A large number of service users and health patients will change providers in the winter of 2016. Most successful providers will need to increase their capacity significantly and a considerable amount of temporary resource will be employed for service user reviews that enable the transition to the new arrangements. A risk sharing agreement is being entered into with Health to allow the cost of reablement to be shared and the impact of changes in health packages, following re-ablement, to be managed.

Departmental Savings

31. ** AC3 (Eff) - Review of In-House Services; £610,000 in 2016/17 rising to £790,000 by 2017/18 - A review of the cost of all in-house services will be undertaken with the intention of reducing operating costs or co-locate facilities to create a viable on-going service. Where this is not possible facilities will be closed, with service users transferred to independent sector provision. Good progress has been made in the current financial year, allowing the savings target to be increased, compared with the current MTFS, and the majority of efficiency work completed.

The main changes that will generate the savings are:

- Consolidation of locations and staffing restructures for the Community Life Choices operations across the County;
- Closure of Catherine Dalley House;
- Review of Management of the in-house service.

Further areas that will be reviewed for savings opportunities include the residential and supported living services and the Inclusion Support Service.

32. ** AC4 (SR) – External Contract Review; £2,915,000 in 2016/17 rising to £3,275,000 by 2017/18 - This saving line is included in the current MTFS under the description “New model of Early Intervention and Prevention support”. The majority of the saving has been delivered through changes implemented in the current financial year, with an overachievement (£400,000) following an eligibility review of service users who were previously receiving housing related support under block contracts. The saving has been increased further to target those contracts that were originally out of scope of the strategic review or where alternative models or funding sources could deliver savings.

In 2016/17 the main additional savings identified so far are underspends against carers support, which may be temporary following the Care Act changes, and withdrawal of funding to the Light Bulb project, due to the availability of other funding.

33. ** AC5 (Inc) - Increased income from fairer charging and removal of subsidy/aligning increases; £200,000 in 2016/17 rising to £900,000 by 2019/20 - Additional income from service users is expected to be generated following the continuation of the triple lock for pension increases, the continued removal of subsidy for extra care and the introduction of the arrangement fee for service users who are self-funding domiciliary care.

Several factors are having an adverse impact, reducing the certainty of income collected and causing future expectations of income growth to be lowered. Examples of these adverse factors are:

- Increase in the level of income not recovered, which in part is due to the delayed effect of the significant increase in additional income earned over the last few years.
- Freezing of increases in non-pension benefits, which can reduce individual's contribution towards domiciliary care, as the un-assessed income buffer increases in-line with pensions but is set at 125% of the state pension value.
- The proportion of learning disability service users increasing compared with older people. The level of assessed income from Learning Disability service users tends to be lower, as they do not benefit from pension income and tend not to have significant financial assets.

34. ** AC6 (SR) - Equipment and adaptations – reduced provision; £150,000 in 2016/17 rising to £300,000 from 2017/18 - Savings are expected to be made from the expenditure on community equipment through a greater emphasis on recycling in the new supplier contract, and improvements to demand management. A key component of demand management is a revision to the apportionment of costs between partners so that there is a closer link between costs and the prescribing organisation. Risks to the saving remain due to the demand led nature of the budget.

35. ** AC7 (Eff) - Reduced residential, nursing and home care as a result of developing Extra Care alternatives; £30,000 from 2016/17 rising to £95,000 in 2017/18 - Extra Care services can offer a flexible and more cost effective alternative to residential care for many people. Providing service users with a sufficiently high level of need can be accommodated, to allow sufficient savings to be made to justify the initial investment in facilities.

The saving has been re-phased and reduced, compared with the current MTFs, so that it only reflects the new schemes expected to generate savings. The 2016/17 saving is the full year impact of the Blaby extracare scheme which is now available for occupation by potential service users. The balance of the savings is expected to be delivered by the Derby Road scheme in Loughborough that will start construction this year.

The Extra Care Strategy (2011-15) will be reviewed with health and housing partners and users. This will include further modelling to determine the financial sustainability of this model as an alternative to residential and home care services.

36. ** AC8 (Eff) - Shared Lives alternative to residential and day care; £100,000 in 2016/17 rising to £305,000 by 2018/19 - The Shared Lives Service provides a lower cost alternative to residential care, through the provision of care in the carer's home. Despite more carers being recruited this has had a limited impact on the ambition to grow the service due to the retirement of existing carers. Consequently an external consultancy was commissioned to review the overall service and a recovery plan has been developed to redress the savings shortfall. Broadly the 2016/17 savings will focus upon a review of the roles in the team and the service user income earned from providing accommodation. The benefit of additional carers will be delayed until 2017/18 to allow the service time to grow.
37. ** AC9 (Eff) - Delayed Savings in Extra Care (AC7) and Shared Lives (AC8); £520,000 from 2016/17 - This adjustment line is required due to a delay, and reduction in the case of Extra Care, of savings that had been removed from the budget in 2015/16. The changes in the two savings have been mitigated by earlier achievement of other savings in the Department.
38. ** AC10 (Eff / SR) - Review of Supported Living costs; £250,000 in 2016/17 rising to £1,165,000 by 2019/20 - Supported Living is a way of providing flexible support to disabled people (generally under 65 years) in mainstream housing. It can either be commissioned by the Council or through a direct payment, and can provide a more cost effective option than residential care. This savings line focuses on the re-commissioning of the Supported Living Framework for implementation during 2016/17 that will explore ways to reduce contract prices. Further efficiencies will be achieved through adopting of the 'progression' model, with providers. This model maximises independence of service users, hence reduced the level of care required.
39. AC11 (Eff) – Application of Assistive Technology; £500,000 in 2016/17 rising to £750,000 by 2018/19 - Initially the saving is expected to be delivered from reduced demand for the Council's non-care related assistive technology. Additional savings will be from developing technology and equipment solutions that staff can utilise to reduce dependency on face to face interventions. This can be either in a care setting or by allowing people to remain independent in their homes before commissioning more formal support at a higher cost.
40. ** AC12 (Eff / SR) - Development & implementation of the Adult Social Care workforce strategy; £250,000 from 2016/17 rising to £1,150,000 million from 2017/18 - Savings will be made from reductions made to non-staffing budgets, such as office running costs, travel and a reduction in the number of Integrated Adults System (IAS) modules expected to be purchased. The majority of the following year savings will be taken from staffing budgets across the department, including in the care pathway. The approach taken will be to review demand and identify ways to either reduce the demand or streamline processes to fulfil it.

In addition to the MTFS savings, significant additional staffing reductions are required to remove posts that are in excess of the funded establishment. The principle causes of these posts are the loss of Care Act funding and the ending of temporary, multi-year, funding arrangements. The intention is to maintain these posts using earmarked funds until the workforce strategy can be implemented. This will ensure that the right future structures are put in place across the Department and alternative sources of funding can be sourced where the main beneficiary of work is partner organisations. This will also allow the temporary resources, who are not employed for business as usual activity, to support the implementation of transformation within the Department.

41. ** AC13 (Eff / SR) – Reablement review; £250,000 in 2016/17 rising to £1,000,000 from 2018/19 - The initial saving is delivered by the removal of vacancies that have proved difficult to fill for several years. The main saving activity will focus upon a review of the existing in-house reablement service to optimise which service users benefit from reablement and reduce unit costs for those that do. Consideration of future delivery options for the service will include ways to reduce the cost of the current arrangements and benefits of externalising some or all of the service.
42. AC14 (SR) – Reduced cost and demand for social care; £2,000,000 in 2016/17 - The delivery of this saving will initially be through the strengthening of controls for; recruitment, various categories of departmental expenditure and the award and review of care packages. This will be supplemented by reviewing the income contribution of partnership arrangements. An element of these initiatives will be early achievement of savings that were scheduled for future years. To resolve this matter the successful controls will be developed further and other savings lines will be reviewed for opportunities to increase them.

Emerging Savings

43. ** AC15 (Eff) - Review of long term residential placement costs; £250,000 from 2017/18 rising to £500,000 by 2018/19 - This saving was originally titled “Shared Provider approach to Quality and Efficiencies” in the current MTFS. The saving has been reduced to reflect the difficulty in reducing payments to residential/nursing homes. There are a range of factors increasing costs in the sector and any savings are at best likely to be modest in what is the Council’s biggest single area of expenditure. The revised proposal is to undertake a fundamental review of how we pay for residential care due to the potential impact of the National Living Wage (NLW), with the implementation of a new fee structure, the key elements of this will be:
 - A review of the current bandings structure;
 - A review of the approach to Supplementary Needs Allowances and how prices are agreed for high cost placements;
 - A review of the strategy for commissioning nursing care placements;
 - A review of the approach to incentivising quality.

Savings and/or avoided costs could be achieved through placing more service users in a lower cost banding and using a more robust approach to prices for supplementary needs.

44. ** AC16 (Eff / SR) - Review of Community Life Choices costs; £500,000 in 2017/18 rising to £750,000 by 2018/19 - The original proposal in the MTF5 was titled “Restricting Community Life Choices to a Core Service Offer” and was targeting a 30% reduction in service provision. This has been reduced in size due to the level of risk related to such a significant reduction in service provision. The revised scope initially focuses on the re-commissioning of the Community Life Choices Framework Agreement during 2016 targeting reduced prices, including exploring the cost saving potential of changes in commission practise such as closing services completely during weeks of low attendance. This will be followed by a review of care required by individual service users to ceasing excessive or double commissioning.
45. AC17 (Eff) - Improvements to the Mental Health pathway; £250,000 in 2017/18 rising to £500,000 by 2018/19 - The Mental Health Pathway will be reviewed to better align with the Care pathway, health pathways, the new ASC Strategy and to support Recovery¹ and reablement. This would reduce the need for longer term support through promoting recovery, self-management, and the individual’s own social and community support. This should reduce support required by ASC staff, plus reducing commissioned spend.
46. AC18 (SR) - Review of personal budget allocations; £500,000 in 2017/18 rising to £1,000,000 by 2018/19 - The proposal is to review how personal budgets are commissioned to ensure they support delivery of the Cost Effective Care policy and reduce demand led spend for personal budgets. The review will ensure that personal budgets are set so that service users do not receive more money than is necessary to meet their eligible unmet needs and direct payments are not higher than the personal budget of similar service users with a managed service.

This work forms part of a wider project which will also review the approach to support planning and the mechanisms available for the delivery of personal budgets. To avoid duplication it is expected that the majority of savings will come from the £25 million Home Care budget that is not directly impacted by other “care package” savings.

47. AC19 (SR) – Reduced financial growth following demand management improvements; £250,000 in 2017/18 rising to £1,250,000 by 2019/20 - Through implementation of the new ASC Strategy, the Department will target demand management to contain growth requirements. This placeholder assumes a 10% reduction in the growth arising in the year.

A key component of the new ASC strategy is a focus upon demand management. This will start with an introduction of a demand management model, which will allow the source of new service users to be understood and how eligible service users flow through the Department. By understanding the source of demand the care pathway can be remodelled to ensure the needs are “Prevented, Delayed or Reduced” at the earliest opportunity. An example of such an approach is the Whole Life Disability model (alongside CFS).

¹ Recovery is an approach that seeks to support people to live the life they want to live. This improves mental health but also promotes independence even when people are living with ongoing illness.

Communities and Wellbeing Savings

Transformation

48. * AC20 (SR) - Reduction in funding for community libraries and review of other library services; £145,000 in 2016/17 - This saving is the full year impact of the community library transfers that are taking place during 2015/16 and 2016/17.
49. ** AC21 (SR) Implementation of the revised C&W service; £430,000 in 2016/17 rising to £1,730,000 by 2018/19 - This saving combines the three remaining savings lines from the current MTFS to reflect the implementation approach. Due to the size of the savings, relative to the total budget, a major remodelling of the entire service is anticipated to be required following the formation of a new strategy. A draft of the strategy will be informed by a public consultation expected to take place early in 2016. Once the strategy has been finalised the saving will be split down into specific service and infrastructure reductions. Due to the scale of budget reduction savings all areas of expenditure will need to be considered, including the size of the network, the potential removal of a range of work programmes and a reduction of the existing staff base.

It is anticipated that the new service will become more flexible, possibly operating out of fewer, Council owned and operated facilities and making greater use of web-based and outreach provision. It will also significantly shift the nature of the service from one of directly providing services, to one of supporting others to deliver services themselves and build on the principle based upon the community library and independent museums model.

Corporate Savings

50. It is proposed to undertake some corporate transformational reviews to address the £19m gap in the MTFS. Once business cases have been developed savings will be confirmed and included in the MTFS. The reviews that will involve Adults and Communities are:
- Early Help and Prevention Review;
 - Social Care/Special Educational Needs (SEN) Transport – review of the provision of transport to social care and SEN clients;
 - Review of the approach to providing services for people with disabilities to develop a whole life approach.
 - Lower cost adult social care provision
 - Digital council / Business support

Care Act 2014

51. The Care Act 2014 introduced significant changes to social care legislation in April 2015. The changes implemented were primarily around the introduction of a national eligibility threshold; a new duty to carry out assessments for all carers regardless of the level of care provided and support for eligible carers. Responsibilities were also broadened to include assessments and support for adult prisoners and people in approved premises as well as the introduction of a universal deferred payment scheme.

52. Further changes were due to take effect from April 2016, namely the introduction of a cap on charges payable by service users; an increased threshold before service users start paying and free social care to anyone entering adulthood with a disability. Due to their significant cost, at a national level, these changes have now been postponed until 2020.
53. Additional funding of £5.6m was made available in 2015/16 to cover the increased cost relating to the Care Act. Of this, £2.9m related to the on-going cost of phase 1. Although the Government had indicated that the cost of implementation would be fully funded for 2016/17, the main Care Act grants has been included in the local government settlement, which due to significant reductions to that funding, has the effect of reducing them to zero. This leaves the BCF as the only potential source of Care Act specific funding (£1.4 m in 2015/16). Hence the overall funding allocation will be significantly below what is required for 2016/17 and beyond. The final position will be clarified when BCF guidance is received in January 2016.
54. The funding shortfall will be partially mitigated by reviewing the approach to the phase 1 requirements and the benefit of reduced demand for carers, following the introduction of assessments. However staffing resources and contracts that were expected to be funded will need to be reduced or funded from savings elsewhere within the department. To support the transition to a lower level of funding un-spent Care Act funding in 2015/16 will be used, through movements in earmarked reserves, in 2016/17 to allow time to transition to the lower level of funding.

Better Care fund (BCF)

55. Health and Social Care Integration is a priority for both the County Council and the NHS. Developing effective ways to co-ordinate care and integrate services around the person is seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.
56. April 2015 saw the launch of the BCF, a pooling of health and social care resources to support the provision of integrated services. The BCF Plan for Leicestershire was agreed by partners in 2014 and good progress is being made on delivering against its objectives.
57. Delivery of the BCF Plan is based on four themes:
 - (i) Unified prevention offer – bringing together preventative services across Leicestershire into one consistent offer, including housing expertise and carer support;
 - (ii) Integrated, proactive care for those with long term conditions – to consolidate health and care teams in each locality, offer proactive case management to those people with complex conditions and/or over 75s and integrate care records, using the NHS number as the identifier;
 - (iii) Integrated urgent response – the introduction of rapid response community services to avoid unnecessary hospital admissions;
 - (iv) Hospital discharge and reablement – improving the timeliness and effectiveness of discharge pathways to reduce length of stay.

58. Detailed technical guidance has yet to be issued, but there has been confirmation by Central Government that the BCF will continue into 2016/17. In addition to this, NHS planning guidance published in December 2015 sets out a number of developments in the health and care integration agenda including:
- Every health and care system will have to develop a Sustainability and Transformation Plan (STP) to demonstrate how the NHS Five Year Forward View will be accelerated and implemented;
 - STPs will cover the period between October 2016 and March 2021. Plans are to be submitted in June 2016 to be formally assessed the following month;
 - A medium term plan to be in place by March 2017 for better integration of health and social care. The governance and ownership of this will be agreed when the planning guidance is released;
 - Agreement of a system wide plan for reducing delayed transfers of care.
59. In advance of receipt of the national guidance, work has already commenced on refreshing Leicestershire's BCF plan in conjunction with health partners. For 2016/17, NHS England has committed to ring fence nationally £3.5bn within its allocation to CCGs for the BCF. Until the guidance is received in early January 2016, it has been assumed that Leicestershire's BCF allocation will remain unchanged at £38.3m for 2016/17 and budgets have been set on this basis.
60. Part of Leicestershire's BCF allocation has been allocated towards the protection of social care services. This is currently £16m and the same amount has been included in the budget for 2017/18 to ensure that the needs of the most vulnerable residents are met and outcomes achieved. Further funding has been earmarked for phase 1 of the Care Act and other initiatives led by ASC that directly benefit Health. A reduction in any of this funding will increase the savings above the level proposed in the draft MTFS.
61. The recent Spending Review also set out the Government's intention to increase the social care funding through the BCF by £1.5bn. This should translate into an additional £11m of funding for the County Council. However due to reductions in New Homes Bonus and the additional £500m earmarked for Disabled Facilities Grants by 2019/20 the net benefit is likely to be significantly less. This funding has not been included in the proposed MTFS as a result of lack of guidance.

Better Care Together (BCT)

62. In the Leicester, Leicestershire and Rutland (LLR) local health economy, a funding gap of £400m has been identified if no action was taken on how current services are being delivered. This is in addition to the current funding pressures faced by social care services.
63. BCT is the LLR partnership programme that aims to address the way by which health care services are delivered to meet the needs of the local people, while at the same time ensuring that the current financial pressures faced are effectively managed. The five year Strategic Plan sets out the most ambitious change for health and social care for LLR and was launched in late June 2014.

64. The five year plan does present significant financial risks to the County Council as interventions are focussed towards prevention, avoided hospital admissions and reduced length of hospital stay. It has been recognised that this will impact on demand for social care support.
65. While recognised as a real risk to the Council, it has not been possible to quantify with any certainty the financial impact that work streams in the BCT programme will have upon social care. The full implications of the strategy for social care need to be identified and addressed in order to manage the increased pressure on resources and to allow for planning to meet this additional demand. It is hoped that more clarity will be received in the run up to the pre BCT business case consultation that is due to be launched in the first quarter of 2016.
66. The changes introduced through the BCT coupled with the closer integration envisaged in the NHS planning guidance for the BCF will inevitably lead to an increased sharing of risks between health and social care. The Help to Live At Home project is the first example where changes in the health system are expected to have a direct detrimental impact on social care, although they will be beneficial overall. This arises when service user support from Health is reduced potentially leaving a social care need than needs to be met. A risk share mechanism that applies savings to any detrimental impact of the changes to either partner is currently being negotiated. There are no Council funds identified to resource this so further funding transfers from Health to the County Council would be required to avoid further savings.

Other Issues

Independent Living Fund (ILF)

67. From July 2015, the County Council became responsible for the funding of care that was previously paid via the ILF. The ILF provided support packages, usually alongside local authority funding, to help disabled people live independently in the community.
68. Since the closure of the ILF individual reviews for all service users have been undertaken to ensure that service provision is in line with the County Council's policies and at a similar level to comparable non-ILF service users.
69. A grant with an equivalent annual value of £1.3m has been committed to be paid to the County Council in 2015/16, with information on future years being expected to be release as part of the spending review. To date no information has been received from government regarding on-going funding for the ILF. Despite the individual reviews undertaken if no funding is forthcoming, in addition to the local government settlement, it will create a financial issue of approximately £1.0m.

National Living Wage (NLW)

70. The direct impact of the new NLW on care expenditure has been allowed for in the central inflation contingency. However there are likely to be further indirect implications that are very difficult to quantify, but could still have a significant detrimental impact on the Department.
71. Care providers facing increased costs will have the choice of absorbing the increase cost through reduced profits or trying to pass the increase on to their customers. Where profits are reduced this is likely to put additional pressure on the price paid by the County Council, as the supply of care reduces or suppliers look to recover lost profit. Should people paying for their own care face increase costs then they will inevitably require County Council support sooner, as their financial resources reduce.

Other Funding Sources

72. For 2016/17, the following grants and transfers are expected to be received:
- BCF - £38.3m (of which £1.3m relates to social care capital grant). Approximately £22m is expected to be spent directly by the County Council, for social care protection, phase 1 of the care act and other initiatives that are beneficial to Health;
 - Local Reform and Community Voices Grant - £49,000 (continuing from 2015/16) for DoLS in Hospitals;
 - Deprivation of Liberty grant - £0.25m, which is a contribution to the increased cost of DoLS referrals. No indication has been received if this grant will continue;
 - Service users eligible for continuing health care (CHC) - £13.6m through the Learning Disabilities Pooled Budget (£12.8m) and for non-Learning Disability service users (£0.8m). This supports the needs of service users who have been awarded CHC. Analysis of CHC panel outcomes is showing a change in the eligibility decisions being and a shift to more joint funded cases is being seen as set out in the table below:

	Panel Outcome Decisions 2014/15	Panel Outcome Decisions 2015/16
100% CHC	21%	15%
100% Social Care	29%	24%
Joint Funded	50%	61%

- Leicestershire Adult Learning Services (LALS) – the gross budget for LALS for 2016/17 is £4.7m which is funded by government grant of £4.4m, mainly from the Skills Funding Agency (SFA), with the majority of the balance from tuition fee income. Historically, the Council has seen a continued reduction in funding from the SFA, however the proposal in the Chancellor's Autumn Statement was for funding levels to be maintained in the adult learning sector as a whole. However, there are significant changes planned in what will be paid for and how funding will be allocated therefore uncertainty remains as to what the final grant settlement will be. Formal notification of the funding allocation for the academic year 2016/17 will not be received until March 2016. Any funding shortfall will be addressed as part of the LALS Strategy, which is currently being developed.

73. The Government is planning to consult on the transfer of Attendance Allowance to Local Authorities, however the details are not yet known. The allowance is a non-means tested benefit to support people over 65 who need help to look after themselves. Nationally the benefit is claimed by nearly 1.8 million people and costs around £5.4bn a year, so this could have a significant impact upon the County Council.

Capital Programme

74. The draft Adults and Communities capital programme totals £3.4m over the next four years including £2.9m in 2016/17. The various schemes are outlined below and summarised in Appendix D.

75. Smart Library at Syston; £40,000 in 2016/17 - This invest to save pilot will provide a remote controlled system of access to Syston Library that allows the building to open and function without the need for staff to be present. If the pilot is successful consideration will be given to rolling out of the scheme to other suitable libraries.

76. Replacement of mobile libraries; £200,000 in 2016/17 and 2017/18 - This expenditure for the next two years is to replace the ageing fleet of mobile library vehicles, required to maintain service provision. This assumes one new mobile library per annum and is dependent on a review of library service provision; the outcome of which may increase or reduce the number of and type of vehicles required to run a mobile library service.

77. Libraries - reconfiguration of space; £110,000 in 2016/17 - This investment in improved major library room hire facilities will provide day time learning spaces for adult learning and generate additional annual income for the Department. The projects will have a maximum pay-back period for the investment of five years.

78. Changing Places/Toilets (facilities for people who need personal assistance); £140,000 in 2016/17 - Changing Places provide facilities for people who need personal assistance to use the toilets. The project will continue to provide Changing Places/Toilets in Leicestershire and will aim to work in partnership with Leicester City Council and Districts to identify suitable venues. The venues will include local authority owned and privately owned facilities which are most used by the general public.

79. Extra Care Provision; £625,000 in 2016/17 and £310,000 in 2017/18 - This expenditure will provide support for one scheme in Loughborough (Derby Road) comprising of 60 units. The first phase of expenditure, in 2015/16 (£625,000), supported the purchase of land and substructure costs. The continued funding is expected to allow the scheme to be opened in the autumn of 2017.
80. Disabled Facilities Grant (DFG); £1,739,000 in 2016/17 - This is an estimate pending the BCF allocation announcement. These grants are used to fund major housing adaptations for vulnerable people allowing them to remain safely in their own home, rather than being admitted to a residential care setting. Up to and including 2014/15 this funding was allocated to District Councils. However since 2015/16 DFGs have formed part of the BCF and have been paid to the County Council with the instruction to pass on to District Councils. It has been assumed that the 2015/16 arrangements are repeated in 2016/17.
81. Future Developments - These schemes are not sufficiently developed to allow inclusion in the capital programme, but have been listed in Appendix D to provide visibility of schemes that are being considered. The majority of the schemes will only proceed if there is a financial justification, or in the case of the Records Office an investment required to maintain delivery of the service. The “Snibston Colliery - new mining museum” entry was included following the decision of Cabinet on 14 January 2015, which was to reappraise the Council’s position in relation to the revised mining offer, following the outcome of the Government’s Spending Review (ref: 254 decisions f & g).

As the financial position of the County Council has worsened, pursuing the revised mining offer envisaged in the January 2015 Cabinet report is not possible at this time. It has always been recognised that the site has historical importance, both locally and nationally. Officers will explore the potential of providing some public access to the Scheduled Ancient Monument, associated buildings and museum collections stored on site and better integrating the site with the Country Park. The Council continues to recognise its commitments to maintaining the Scheduled Ancient Monument and caring for the museum collections in accordance with professional standards.

Background Papers

- Cabinet : 12 January 2016 – Medium Term Financial Strategy 2016/17 to 2019/20
<http://ow.ly/WWP0z>
- Cabinet : 14 January 2015 – Snibston
<http://ow.ly/WWP2u>

Circulation under local issues alert procedure

None.

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Appendices

Appendix A – Revenue Budget 2016/17

Appendix B – Growth

Appendix C – Savings

Appendix D – Capital Programme 2016/17 – 2019/20

Equality and Human Rights Implications

82. Public authorities are required by law to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share protected characteristics and those who do not;
and
- Foster good relations between people who share protected characteristics and those who do not.

83. Many aspects of the County Council's MTFs may impact upon service users who have a protected characteristic under equalities legislation. An assessment of the impact of the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Assessments are being undertaken in light of the potential impact of proposals and the timing of the proposed changes. Those assessments will be revised as the proposals are developed.

84. Proposals in relation to savings arising out of a reduction in posts will be subject to the County Council Organisational Change policy which requires an Equality Impact Assessment to be undertaken as part of the action plan.