	Budget Panel **13 January 2009** **Report from Director of Housing and** **Community Care**
For Information	
Managing the Adult Social Care Budget	

1. Summary

This report summarises recent overspending on Adult Social Care. It reviews options open to control the Adult Social Care budget in-year and in particular in response to overspending. It states what methods have been used to control overspending and comments on their effectiveness. It considers options for controlling spending in the medium term. The report then summarises what the department is doing and planning to improve adherence to its budget in future.

2. Recommendations

That this report is noted.

3. Detail

3.1   <u>What is the pattern of spending in Adult Social Care?</u>

The table below summarises the outturns for the financial years 2006/07 and 2007/08 together with the projected outturn for 2008/09.

Financial Year	Net Budget £m	Outturn £m	Variance to Budget £m	Variance %
2006/07	70.601	75.351	4.750	+7%
2007/08	75.418	79.189	3.771	+5%

Financial Year	Net Budget £m	Projected Outturn at Month 8 £m	Variance to Budget £m	Variance %
2008/09	84.364	84.983	0.619	+1%

In each of the financial years ASC has overspent. The trend of overspending is downwards. Appendix A lists the largest reasons for overspending in 2007/08 and those projected for 2008/09.

Overspending is poor financial practice. Overspending creates risk for the council: overspending uses up balances that have been put aside to deal with the risks the council faces and any overspending reduces the margin of safety for dealing with those risks in future. Spending above budget also bypasses democratic control in that resources above the level approved by the council are being spent: the council may have other priorities for these resources.

3.2   What can be done to Control Spending?

There are well tried techniques for controlling spending in local authorities. The main techniques include:

- A spending freeze – either blanket or targeted at specific areas of the budget
- A recruitment freeze – either all staff or some categories of staff
- Ceasing to use agency staff.
- Controlling the demand for services: e.g. increasing prices, making services less attractive, increasing eligibility criteria and so on
- Reviewing spending recommendations to make sure that such spending is essential or that it can't be done more cheaply

3.3   The table below summarise the use of the above methods of controlling spending in ASC. It focuses on short-term measures to control spending. Medium and longer term measures are discussed below.

	Technique to Control Spending	Use and Impact in ASC
1.	Spending freeze	- Spending freezes have been partially used in ASC. The courts have generally enforced citizens' rights to access care and therefore spending freezes have been used to control discretionary spending: i.e. not spending on care. Given that care purchasing amounts to approximately 78% of ASC's spending: the impact of controlling discretionary spending is limited. Contractual commitments further limit the ability to halt spending in the short-term. - Trying to control spending by varying the amount spent on care would mean that clients with the same needs got different packages of care. The department doesn't give people more care than they need now so the implication

	Technique to Control Spending	Use and Impact in ASC
		would be that some clients would be given inadequate care due to budget pressures. Again, judicial reviews have concluded that deciding care levels solely on budgetary grounds is unlawful. ○ ASC has had discretionary spending freezes in place in each of the last 4 years. They have been tightly observed but their impact on overspending is marginal.
2.	Recruitment Freeze	○ The main issue with a recruitment freeze is balancing risk to clients against growing waiting lists. Waiting lists mean that people who are likely to be eligible for services have to wait for them. Waiting lists are closely monitored by the Commission for Social Care Inspection and they are one of the strongest reasons for giving departments lower ratings. ○ All staffing budgets are calculated to fund 95% to 97% of the staffing compliment with managers being required to achieve savings on staffing costs and stay within budget. This includes a minimum of 1 month for each post to be kept vacant when a permanent member of staff leaves. ○ Generally permanent staff are cheaper than agency staff and there can be a contradictory impact of freezing the recruitment of permanent staff if the pressure of work means that agency staff are then recruited. ○ The department needs a core of permanent staff for continuity and knowledge: staff turnover tends to be concentrated in some teams and at specific times producing a risk that some sections will seriously under-perform due to the lack of experienced staff. The long recruitment timetable means that this situation can be slow to turn around. ○ The main risk of recruitment freezes is that further backlogs will develop. These are undesirable for clients who need services and who are then kept waiting. Backlogs also pose increased risks for clients before they are assessed or services are in place. E.g. risk of abuse, falls, scalding. ○ The department has had problems recruiting staff: particularly qualified social workers, care staff, IT staff and accountants. These posts tend to be disproportionately covered by agency workers.
3.	Ceasing to use agency staff	○ Agency staff are most widely used in areas where the department finds it hard to recruit permanent staff. ○ The main drive in ASC has been to limit the use of agency workers by recruiting permanent staff. However, a number of recruitment drives over the last few years have failed to significantly dent the number of agency staff used by ASC. Expenditure on agency staff was £2.711m in 2007/08. Agency staff are regularly monitored to ensure that there are no high-cost placements and if they are found that they are promptly terminated.

	Technique to Control Spending	Use and Impact in ASC
		o There is a corporate contract for agency staff that delivers savings of C. £360K annually.
4.	Controlling demand for services	o Demand for social care is very hard to control. Most clients with learning disabilities and a minority of clients with physical disabilities transfer from the Children's and Families Department shortly after they turn 19. Most of these clients will stay with the department for the rest of their lives in one form or another.
		o For most of the remaining clients (older people, mental health, physical disabilities) the biggest single factor that causes them to request a service is discharge from hospital – when people can't go home without social care support.
		o A smaller number of clients are in the community and either their independence is declining or the capacity of their carer is declining. These clients often start on small packages of care which gradually build up as their independence declines. The main factors are growing physical frailty or declining mental capacity and confidence.
		o Charging as a way of controlling demand for services is not seen as acceptable by central government and it is likely that it would hit the poorest hardest.
		o It is possible to control the eligibility criteria for services and this is discussed below. Changing eligibility criteria is not likely to control overspending in the short term.
		o Allowing waiting list to develop and build is another way to not give a service and make a short-term saving. The department already has a number of waiting lists. The longest are for assessments for equipment to enable disabled people to live independent lives, completing social care assessments, adapting disabled peoples' homes so that they can continue to live in them, reviewing clients who have been receiving a care service for around one year and keeping patients waiting in hospital beds when they have been certified as fit for discharge by the hospital. All of these waits have undesirable impacts on clients: some create perverse demand for more expensive services. All are monitored by the CSCI who are critical of waiting lists and they are seen as evidence of a poorly performing department.
		o Controlling demand is difficult in the short-term and the measures available to control demand frequently give rise to undesirable consequences.
5.	Reviewing spending decisions	o The department reviews (through panels of senior officers) all the care decisions of social workers to ensure that adequate but not extravagant packages of care are provided. This includes review of all expensive packages of care by an Assistant Director / the Director. Several exercises have been undertaken to review a wider number

	Technique to Control Spending	**Use and Impact in ASC**
		of care recommendations and again no evidence of patterns over-provision of care was identified.

The department has tried a number of techniques to control spending and stay within budget in the short-term. In general, they have limited effectiveness and they often give rise to unintended consequences. Many require careful balancing because they will impact on the department's performance, the quality of people's lives and sometimes they perversely increase costs when people present needing more expensive care.

In terms of the projected overspending for 2008/09 all efforts are being made to bring down the projected expenditure and maximise income due to the council. A freeze on discretionary spending has been in place since the summer of 2008. All agency placements have been reviewed and a number ended. Further delays in recruiting permanent staff have been implemented. Panels continue to review all care recommendations and expensive packages are reviewed and signed off by an Assistant Director or the Director. The budget is monitored closely and all financial activity is reviewed by senior managers. The aim is to bring down overspending and get as close to the approved budget as possible.

3.4   <u>Commission for Social Care Inspection</u>

The CSCI annually reviews all social care in England. Their score contributes to the council's overall quality rating by the Audit Commission. The CSCI undertakes both direct service inspections and uses a great deal of data published by ASC on its performance in coming to their judgement. Data collected by ASC for the CSCI is subject to independent review by external auditors.

For 2007/08 CSCI published its assessment of Brent Council's Adult Social Care function in November 2008. They conclude that Brent is delivering *good outcomes* for its clients and that the council has *promising prospects* for future improvement. They awarded 2 stars to Brent. In their detailed assessment of the function (running to 35 pages) they make 21 recommendations that arise from various delays they identified in the running of the department. Delays in two areas were deemed high priority by CSCI. They are delays in moving clients from hospital when they are medically fit and delays in transferring clients on to Direct Payments for care.

CSCI regard delays as important in assessing the quality of the department and they are already highlighting poor performance due to delays. Their approach means that achieving savings by increasing waiting times at various points in the system risks the rating for social care being reduced. This will have an impact on morale and the council's overall performance assessment.

A summary of the CSCI rating for English councils is given at Appendix B. The CSCI ratings for Brent's nearest neighbours are given at Appendix C.

3.5 <u>Medium Term Measures to Reduce Costs</u>

There are a range of options for reducing costs in the medium term. Most of them fit under the heading of *Transformation* which focuses on value for money and *personalisation*. Personalisation means moving away from providing care in institutional or traditional settings and instead supporting people to be as independent as possible – preferably staying in their own homes. This is usually what people prefer and it is often the cheapest way to provide care for them. There can be greater risks for clients and the department is strengthening its ability to identify and manage these risks.

In re-engineering its services the department has a problem: it already has systems and resources that run existing services and it doesn't have the resources to run two sets of services in parallel: one set growing and the other declining. This means that Transformation is a complex problem: like modernising an aeroplane when it is daily use.

The difficulty of trying to control or reduce ASC expenditure in the short-term means that much greater energy has been focused on the medium term.

In the medium term demand for services does not stand still. Nationally demand is rising for social care. The biggest increase in demand is from people with learning disabilities. This is mainly due to increasing numbers of young people turning 19 who have learning disabilities. A lower level of increase comes from older people: the rate of increase is lower but because there are so many more of them the overall cost impact may be greater. Older people live longer, they are admitted to hospital more times, they live for longer with dementia and so on.

The table below lists some of the ideas for Transforming services.

	Service Type	Description	Financial Implications
1.	Extra Care Sheltered Housing	Provide 24 hour support for vulnerable clients. Aim to reduce admissions to residential homes by 50%. Most clients prefer their own flat with support to a residential home. Brent has over 1,000 sheltered units the aim is to convert some of them into Extra Care schemes and to build more Extra Care units. Both are likely to take time.	Housing element is paid for by the client or through housing benefit. Much cheaper than residential care.
2.	Direct Payment for social care	Mainly substitutes for homecare. Client is paid an allowance and buys the care they need from care providers.	Cheaper than homecare. Aim to transfer 50% of homecare clients onto Direct Payments. Major potential for savings especially from switching clients with the

	Service Type	Description	Financial Implications
			largest packages.
3.	Residential and Nursing Care	Clients move into a registered care home and received 24 hour care.	The main ways to reduce costs are: **To** stop admissions by keeping people at home with homecare or a Direct Payment. **Or** providing them with an Extra Care Sheltered flat with a support package – again cheaper than residential care. **The** other main approach is to negotiate with homes for lower fees. This has mainly involved use of the Fairer Pricing Tool. **West** London councils have come together with the aim of using their huge purchasing power to secure lower prices. This has great potential but no savings have been demonstrated yet. **Already** West London Councils are co-ordinating their annual inflationary offer to residential and nursing homes. Agreed to offer 0% for April 2009. This approach has probably secured small savings in previous years.
4.	Telecare	Use technology (often remote technology) to support clients in their own homes. E.g. sensors to detect when a client has fallen out of bed. Technologies are still at early stages and there isn't a simple menu of solutions available.	Still at a developmental stage. It may be that a couple of technologies emerge that are successful and make savings but currently there is not a range of proven solutions that work for the client and save money.
5.	Transport	Much transport currently moves vulnerable clients from home to day centres in dedicated council buses. The aim is to make Transport more efficient and support and encourage clients to travel independently.	Programme of improvements and savings have been worked out by specialist consultants NKA. 60% of savings go to C&FD as the main users of transport. Savings programmed over 3 years.
6.	Review of Assessment and Care Management	Review of Older People and Physical Disabilities social work functions. Aim is to produce a rational organisation with enough capacity for current demand.	Aims to deliver savings of C. £0.5m. Bench marking does not show Brent to be out of line with other councils in terms of the cost of Assessment and Care Management. But it is important that A&CM has the right capacity to assess clients promptly and achieve good professional standards.
7.	Intermediate Care / Re-enablement	Aims to give clients care for up to 8 weeks when they are discharged from hospital that focuses on getting them back to full	Potential to make savings. Some councils report that less than 50% of clients need a service at the end of 8 weeks thus providing the

	Service Type	Description	Financial Implications
		independence. Aim is the support the client doing for themselves rather than to do for them. Need to get equipment provision speeded up so that re-enablement works.	saving. Slow to start because the PCT needs to be fully involved: e.g. getting the pharmacy service to work – failure to properly medicate is one of the big reasons for hospital readmission.
8.	Improved financial data	The department currently uses a range of software and manual systems not linked to the main care system (Framework i). The idea is to install the finance modules of Framework I and get better quality data that is faster to obtain, more reliable and needs less manual manipulation.	Not mainly about saving money directly – more about knowing what is going on and what it costs. Then to use better information to improve the management of the business.

Transformation has the potential to deliver personalisation and save money. Rarely are the schemes ready built and just needing installation. Most are sold as ideas with a great deal of work to see how they can be delivered in Brent. This adds to capacity pressures in the department: if the aeroplane is to be kept flying while services are modernised.

Transformation has provided savings. Net savings of £875,000 were made in 2007/08, net savings of £893,000 are forecast for 2008/09 and for 2009/10 the service has been given a cash limit by the Executive and to stay within that limit further savings from Transformation will need to be realised. A number of these initiatives could be moved forward at a faster pace if there was greater capacity in the department. The department has made some use of external consultants but there is tremendous pressure on the limited number of consultants operating in this area.

3.6   Audit Commission Assessments of Value for Money

The Audit Commission publish the most authoritative assessments of the value for money provided by social care departments. Brent is usually compared with its nearest neighbours – councils chosen by the Chartered Institute of Public Finance and Accountancy as being the most similar to Brent in terms of population, social pressures, etc. A list of *nearest neighbours* is attached as Appendix C. The data discussed below is the latest they have published and relates to the year 2007/08.

The table below lists the ranking of spending by Brent and its nearest neighbours in 2007/08.

	Area of Expenditure	Rank out of 16 councils for spending
1.	All Adult Social Care	7th lowest
2.	Older People	4th lowest
3.	Physical Disabilities	13th lowest

	Area of Expenditure	Rank out of 16 councils for spending
4.	Learning Disabilities	5th lowest
5.	Mental Health	10th lowest

If Brent had spent at the average of its nearest neighbours in 2007/08 it would have spent an additional £8.8m on Adult Social Care.

The Audit Commission comparative data is being used to examine services to ensure that they are delivering value for money. The main focus has been on Physical Disabilities and Mental Health: because the Audit Commission data shows them to have higher spending than the average in this nearest neighbours group.

Physical Disabilities have considerably reduced some costs since 2007/08. The sheltered workshops at Carlyon have been closed and the Royal London Society for the Blind's workshops in Ealing have closed. These changes will reduce costs: they will mainly show in 2009/10 after closure costs have been paid from the 2008/09 budget. Physical Disabilities is shown to have one of the highest levels of placements of clients in residential care. This is being tackled by use of the Fair Pricing Tool to get costs down and by initiatives to enable more disabled clients to live at home. Some of this comes back to the availability of property that is accessible for people with a major restriction to their mobility. This report has previously identified delays in both assessing clients and then in carrying out major adaptations to properties and the time it is taking to increase the availability of Extra Care Sheltered housing in Brent. Greater availability of Extra Care Sheltered accommodation would reduce the use of registered residential homes and save money.

Mental Health has high costs because of a large number of clients in residential care (compared with our nearest neighbours). Residential placements are used because the system is "silted up" with clients. It is hard to move off the bottom of the ladder into general needs housing (because it is very scarce) and so people occupy accommodation that often has higher levels of support than they currently need because there is no where else for them to go. The system then backs right the way up to hospital wards. At each level the service has identified clients who can move on but there is nowhere for them to go to. The department is tackling this by: letting a new contract to support people in the community who have both mental illness and another condition (e.g. a learning disability), contracting for more accommodation (with more in the pipeline) and making more use of nominations to the council's housing waiting list.

3.7   Changing Eligibility Criteria

Central government define 4 levels of eligibility for social care. They are:
- Critical
- Substantial
- Moderate

- Low

Brent Council has decided to set the eligibility criteria at *substantial*. It is open to the council to change the criteria and the Department of Health urges the council to keep the eligibility criteria in use under regular review.

It is estimated that changing to *critical only* as the eligibility level would save ASC between £3m and £4.5m in the first full year. However, it is estimated that there would be a significantly lower saving in the second year as clients who didn't meet the eligibility criteria of *critical* in the first year deteriorated and then met the criteria. Detailed modelling would be required to fully test the impact.

Going to *critical* would clearly have a number of impacts. CSCI will award a maximum of 1 star to any council operating critical as their eligibility criteria. A sizeable number of people with *substantial* care needs would not get a service and it is uncertain how they would cope. It is likely that a number of people with substantial needs would represent and may get a service: e.g. after hospital admission.

Moving to *critical* requires consultation with those impacted by the proposed change and it is unlikely to be a quick process. Harrow was recently subject to a legal challenge to its plans to move to *critical* and the court ruled that the consultation had been faulty and that the council had failed to properly consider the impact of its decision on people with disabilities. There is now some debate about whether a more carefully planned consultation and impact assessment would have succeeded or whether the judge has effectively closed the door on changes to eligibility criteria.

Moving to *critical* will impact differently on different services. In particular, it is likely to mean that a number of clients attending the council's day centres would no longer meet the eligibility criteria. A number of day centres would not be viable.

3.8   Changing Demands from Central Government

Central government is steadily raising its expectations from adult social care. Some of this comes through the inspection system where it is clear that new outputs have to be demonstrated. In recent years this has included:

- Higher standards of safeguarding for clients from abuse and exploitation
- Using purchasing decisions to pressure low quality residential and nursing homes to improve
- Reduce delays for clients ready to leave hospital
- Increase the number of clients receiving a Direct Payment for care.
- Demonstrate that the department is listening to what customers think of our services and that we are using this data to improve our services.
- Providing training for the whole social care sector in Brent (not just people who work for Brent Council).

- Focusing on supporting clients to get work (particularly mental ill and learning disabled clients)

Higher demands are also experienced through new requirements placed on councils. In recent years these have included:

- New duties to protect clients who lack mental capacity
- New duties to protect clients who have been deprived of their liberty because of being placed in institutional care
- New requirements where the council manages the finances of clients

In return councils have been given grants to fund these new activities. Most recently these have included grants for transformation (Social Care Reform Grant), deprivation of liberty, Mental Capacity Act (for clients who lack mental capacity to make decisions for themselves).

3.9 <u>Getting the Budget Right in Future and Sticking to it</u>

A number of measures are needed to ensure that Adult Social Care remains within budget in the future. These are summarised in the table below.

	Building Block	Why Important
1.	Improved planning	Some clients are known about well in advance – children who will transfer to adult services. Arrangements have improved for transferring children. Further work needs to be done to ensure that when the funding of the Learning and Skills Council transfers to Brent Council that its support for Learning Disabled clients is properly integrated. However for most clients it is unlikely that the department will be able to plan based on precise client numbers. The largest reason for needing a service is discharge from hospital. For these and many other clients estimates can only be made of the excepted demand for services.
2.	Better data	ASC is a large function with gross spending of over £100m pa. By comparison with (say) retail industry data systems are very basic, slow and need a great deal of manual intervention. The department is improving its systems by installing the finance modules of Framework i. The aim is to get good quality data that is up-to-date and to use it to understand what is going on and take management action to deliver planned outcomes.
3.	Higher levels of resources	Comparisons with Brent's nearest neighbours suggest that ASC is under resourced. In future budget rounds

	Building Block	Why Important
		growth bids need to be prepared for members' consideration.
4.	Improved commissioning and purchasing	This is a large topic that could consume a report in its own right. Local authority commissioning and purchasing has had a number of weaknesses. A great deal of central government resource has gone into documenting these short comings and urging local government to improve. Brent takes this seriously and is responding by: o Setting up a commissioning and purchasing unit for Adult Social Care o Taking fundamental looks at what clients want, how we can met their needs and how to do so in a cost effective way. o Co-operating with West London councils to achieve economies of scale in purchasing, saving money from shared specifications and tendering, and using our market power to drive down prices.
5.	Asking what our customers want	Our services will never provide value for money unless they give clients what they want. We are increasing (our already good) efforts to find out what our customers want and what they think of how well we are doing.
6.	Bench marking our services and learning from the best councils	In the last 18 months Adult Social Care has put a great deal of effort into bench marking services and learning from the best in class. This has involved a large number of visits to other councils and a great deal of support from the Department of Health who see Brent as a council that is trying hard to improve its services.
7.	Improving business processes	A further major work stream is using business process re-engineering to look at what we do and improve it through focusing on what we want to achieve and looking afresh at how to do that. The review of Assessment and Care Management has been the major initiative this year.

4.   Financial Implications

This report concerns financial matters. Agreeing this report does not commit the council to incurring any expenditure.

5.   Legal Implications

There are no specific legal implications for this report. A key element of successful implementation of the reform agenda is consulting with service users and involving them in designing future services. This approach is likely to minimise the risk to the council of legal challenge (with associated delays and costs) to its Transformation programme.

6.   Diversity Implications

There are no specific diversity implications arising from agreeing this report. Maintaining and improving access to services is a key driver of the Transformation process. The approach taken by central government aims to put the client in control based on the approach that they know best how to meet their social care needs.

7.   Staffing/Accommodation Implications (if appropriate)

Agreeing this report has no specific staffing or accommodation implications. One of the work streams is aiming to maximise staff effectiveness and this is likely to include new and different ways of working.   This is will reduce the accommodation footprint of the department by enabling staff to work effectively outside normal office accommodation. E.g. in hospital wards.

8.   Background Papers
"Performance Ratings for Adult Social Services (England) 2008" published by CSCI in November 2008

9.   Contact Officers

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2 January 2009

Main Budget Variations

2007/08 Budget

The main budget variances are listed in the table below.

Service Area	Activity	Variance £	Comment
Older People	Purchasing	1.448m	Larger than budget spending on nursing care – higher client numbers. Nursing care income lower than budgeted. High cost transfer clients from Mental Health and Physical Disabilities
Learning Disabilities	Purchasing	1.118m	Average cost of homecare packages rose, although client numbers were stable. Demand for day care increased. Direct Payments almost doubled without proportionate savings elsewhere.
Physical Disabilities	Purchasing	0.657m	Nursing care and supported accommodation biggest over spenders.
Mental Health	Purchasing	0.669m	Residential placements over budget and accommodation costs for clients particularly in B&B hotels.

2008/09 Budget

The table below sets out the main variations to the budget for 2008/09 with the outturn projected to 31 March 2009.

Service Area	Budget £m	Projected Outturn £m	Variance £m
Older People	39.393	39.017	-0.376
Learning Disabilities	18.188	18.672	0.484
Physical Disabilities	11.972	12.358	0.386
Mental Health	9.199	8.792	-0.407
Core	7.770	8.295	0.525
Totals	86.522	87.134	0.612

The main budget variations are listed in the table below.

Service Area	Activity	Variance £	Comment
Older People	Purchasing	-0.376m	Lower nursing placements than budgeted
Learning Disabilities	Purchasing	0.484m	Increased take-up of Direct Payments and increased numbers in supported living placements
Physical	Purchasing	0.386m	Increase in the number of residential

Service Area	Activity	Variance £	Comment
Disabilities			placements and equipment contract – higher volumes
Mental Health	Purchasing	-0.407m	Higher than budgeted receipts of housing benefit in supported housing schemes
Core	IT	0.525m	Increase in the IT recharge to the department and lower recharge to C&FD.

Summary of CSCI Scores November 2008

- The star rating improved for 28 councils
- The star rating declined for 11 councils

Distribution of Star Ratings

Zero Stars   No councils

1 Star   19 councils

2 Stars   75 councils

3 Starts   56 councils

Full details are contained in "Performance Ratings for Adult Social Services (England) 2008" published by CSCI in November 2008 and available from their website.

Brent's Nearest Neighbours – as Defined by CIPFA

	Council	CSCI Star Rating November 2008	CSCI Prospects for Improvement November 2008
1.	Brent	★★	Promising
2.	Croydon	★★★	Excellent
3.	Ealing	★★★	Excellent
4.	Enfield	★★	Promising
5.	Greenwich	★★	Promising
6.	Hackney	★★	Promising
7.	Haringey	★★	Promising
8.	Hounslow	★★★	Excellent
9.	Lambeth	★★	Promising
10.	Lewisham	★★	Promising
11.	Merton	★★	Promising
12.	Newham	★★	Promising
13.	Redbridge	★★★	Excellent
14.	Southwark	★★★	Excellent
15.	Waltham Forest	★★	Promising
16.	Wandsworth	★★	Promising

London Councils with 1 Star:

- Harrow
- Havering
- Hillingdon (down from 2 stars last year)