

## KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY JANUARY 2009-10 FULL MONITORING REPORT

### 1. FINANCE

#### 1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered "technical adjustments" ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- Cash limits have been adjusted since the last full monitoring report to reflect a number of technical adjustments to budget.
- The inclusion of new 100% grants (ie grants which fully fund the additional costs) awarded since the last full monitoring report. These are detailed in appendix 2 to the executive summary.

1.1.2.2 **Table 1** below details the revenue position by Service Unit:

**Table 1**

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
<b>Adult Services portfolio</b>							
Older People:							
- Residential Care	89,552	-32,641	56,911	234	-1,270	-1,036	Price pressures due to complexity; agency staff cover for in-house service; additional client income
- Nursing Care	43,647	-19,507	24,140	2,150	-1,650	500	Demographic and placement pressures offset with additional client and health income
- Domiciliary Care	47,006	-10,317	36,689	-751	-181	-932	Activity below affordable level but price pressures due to complexity
- Direct Payments	4,638	-436	4,202	33	-76	-43	
- Other Services	21,650	-4,661	16,989	-582	53	-529	Release of Contingency to offset overall pressure; lower demand for Fast-track equipment and other small underspends
<b>Total Older People</b>	<b>206,493</b>	<b>-67,562</b>	<b>138,931</b>	<b>1,084</b>	<b>-3,124</b>	<b>-2,040</b>	
People with a Learning Difficulty:							
- Residential Care	64,909	-12,119	52,790	2,497	-486	2,011	Demographic and placement pressures
- Domiciliary Care	6,704	-650	6,054	421	16	437	Demographic and placement pressures; more clients accessing Independent Living Scheme
- Direct Payments	5,465	-84	5,381	1,148	-34	1,114	increased unit cost
- Supported Accommodation	9,582	-1,151	8,431	555	-169	386	Demographic and placement pressures; impact of Ordinary Residence; contribution to reserve

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
People with a Physical Disability:							
- Residential Care	12,254	-1,987	10,267	526	103	629	Demographic and placement pressures
- Domiciliary Care	7,317	-439	6,878	558	-1	557	Demographic and placement pressures
- Direct Payments	6,697	-250	6,447	97	-8	89	
- Supported Accommodation	394	-8	386	-35	-2	-37	
- Other Services	6,530	-1,237	5,293	-549	13	-536	Release of Managing Director's Contingency to offset overall pressure ; underspend against daycare
Total People with a PD	33,192	-3,921	29,271	597	105	702	
All Adults Assessment & Related	37,188	-1,836	35,352	-222	-355	-577	Turnover and vacancy management; additional Health contributions
Mental Health Service:							
- Residential Care	6,456	-974	5,482	631	338	969	Forecast activity in excess of affordable level; increased proportion of S117 clients who do not contribute to costs
- Domiciliary Care	627		627	89	0	89	
- Direct Payments	602		602	-329	0	-329	Less than expected activity
- Supported Accommodation	435	0	435	93	-87	6	
- Assessment & Related	9,982	-876	9,106	-98	-78	-176	
- Other Services	6,736	-904	5,832	-154	-98	-252	Small underspends against a number of budget lines
Total Mental Health Service	24,838	-2,754	22,084	232	75	307	
Gypsy & Traveller Unit	660	-319	341	107	-22	85	Write back of capital costs following failed bid
People with no recourse to Public Funds	100		100	0	0	0	
Strategic Management	1,339		1,339	-92	-14	-106	
Strategic Business Support	24,824	-2,209	22,615	-630	-205	-835	Turnover, vacancy management & some grant funded posts; additional contributions including Universities, District Councils & Medway Council
Support Services purchased from CED	7,301		7,301	-7	0	-7	reduced charge for KPSN
Specific Grants		-7,618	-7,618	0	0	0	
<b>Total Adult Services controllable</b>	<b>442,759</b>	<b>-102,147</b>	<b>340,612</b>	<b>4,755</b>	<b>-4,175</b>	<b>580</b>	
<b>Assumed Management Action</b>				<b>-580</b>		<b>-580</b>	
<b>Forecast after Mgmt Action</b>				<b>4,175</b>	<b>-4,175</b>	<b>0</b>	

### 1.1.3 Major Reasons for Variance:

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

#### 1.1.3.1 Older People:

The overall net position is an underspend of £2,040k. Although the number of clients in domiciliary and independent sector residential care remain below 2008/09 levels, there has been an increase in demand for services for people with dementia. It should also be noted that the forecast assumes reductions in residential and nursing placements based on prior year trends. However, recently, attrition rates have been lower than expected. If attrition remains below the expected level then this would increase the forecast level of expenditure.

a. Residential Care

This line is reporting a gross overspend of £234k and an over recovery of income of £1,270k. As at December there were 2,774 clients, compared with 2,796 in September and 2,733 in June, and throughout the year the level has remained below the 2,832 reported in March. The forecast position is 157,368 weeks of care against an affordable level of 157,572, which is a difference of 204 weeks. Using the forecast unit cost of £385.76, this reduced level of activity generates an underspend of £79k. In addition the forecast unit cost is £2.24 higher than the affordable which results in a pressure of £354k and reflects the increasing number of clients with dementia as placements are more expensive. Although the slight reduction in activity also means a reduced level of income of £32k, the actual income per week is £157.19 against an expected level of £150.13. This gives an over-recovery in income of £1,113k.

The forecast number of client weeks of service provided to Preserved Rights clients is 1,345 lower than the affordable level because of increased attrition which is over and above that assumed in the budget. This reduced activity gives an underspend of £523k with a further reduction of £151k because the unit cost is below the affordable level. The reduction in activity also results in an under-recovery in income of £191k, however the actual income per week is higher than the expected level which generates an over-recovery in income of £157k.

In-house residential provision is showing a pressure of £676k on gross primarily on staffing because of the continuing need to cover sickness and absence with agency staff in order to meet care standards, as well as meeting increased occupancy levels. The pressure on gross is offset by an additional £293k of client income due to increased occupancy levels.

b. Nursing Care

There is a pressure of £2,150k on gross expenditure and an over recovery of income of £1,650k. Client numbers have increased to 1,386 in December from the 1,353 reported in September; in June it was 1,340 and March 1,332. The forecast is assuming 2,929 weeks more than budget at a cost of £1,375k. The unit cost is currently forecast to be slightly more than budget, £469.67 instead of £468.95, which increases the pressure by £53k. The additional activity has resulted in increased income of £452k. Also the actual income per week is £154.45 against an expected level of £148.81. This gives an over-recovery in income of £423k. There are also unbudgeted contributions from Health of £354k primarily relating to nursing assessment beds, the costs for which are included in the activity above.

Preserved Rights attrition is currently below that assumed within the budget which adds £201k.

There is currently an overspend of £413k against Registered Nursing Care Contributions with an identical over-recovery of income and is based on the latest estimates of client activity.

c. Domiciliary Care

This service remains the most volatile and difficult to forecast and currently this line is forecasting an underspend against gross of £751k. The continuing trend in the number of clients remains uncertain and the number receiving a domiciliary care package from the independent sector remains below last year's level. As a result the budget still allows for significantly more hours than is being delivered and the current forecast under-delivery is over 45,918 hours, giving a saving of £711k. The forecast unit cost is also £0.441 per hour more expensive than affordable generating an additional cost of £1,123k. This will relate to the fact that people who do receive domiciliary care, in its traditional sense, are more likely to have higher needs and require more intense packages.

There is also a significant underspend of £798k relating to the in-house domiciliary service and £318k against enablement and other block contracts as the number of clients remains well below that afforded within the budget.

There are a number of small variances across the various lines within domiciliary care which add up to an over-recovery of income of £181k.

d. Other Services

This line is showing a gross underspend of £582k following the release of £200k of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. Demand for Fast-track Occupational Therapy equipment has also been below the level anticipated in the budget and makes up approximately £200k of the underspend. There are also small variances, both over and under, against the remaining services, including payments to voluntary organisations, day-care, and meals.

### 1.1.3.2 **People with a Learning Difficulty:**

Overall the position for this client group is a net pressure of £3,051k. Services for this client group remain under extreme pressure, particularly within residential care and direct payments, and also domiciliary and supported accommodation, as a result of both demographic and placement price pressures.

The impact of young adults transferring from Children's Services, many of whom have very complex needs and require a much higher level of support, continues to be felt. Alongside these so-called "transitional" placements are the increasing number of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. There are also more cases of clients becoming "ordinarily resident" in Kent. A client would become "ordinarily resident" when placed by another local authority in Kent and following de-registration of the home, the individual moves into supported accommodation. We have accepted responsibility for five clients, the costs of which come to £382k including some backdated amounts, and we are still contesting a number of other applications for which any legal judgements are unlikely to be made before the end of the year. The issue of ordinary residence is being discussed nationally through the Association of Directors of Adult Social Services as the current system penalises those authorities, such as Kent, who have historically been a net importer of residential clients.

#### a. Residential Care

The overall forecast for residential care, including preserved rights clients, is an overspend on gross of £2,497k partially offset by an over recovery of income of £486k, giving a net pressure of £2,011k. Details of the individual pressures and savings contributing to this position are provided below.

The number of clients has reduced from 642 in September to 636 in December; it was 632 in June and 640 in March. The forecast assumes 1,442 weeks more than is affordable at a cost of £1,640k, and includes those known young people who are in the "transition" process and will be coming to adult social services before the end of the year. The actual unit cost is £1,137.28 which is £27.13 higher than the affordable level and adds £886k to the forecast. The additional client weeks add £258k of income, and the actual income per week is higher than the expected level which generates an over-recovery in income of £267k.

The forecast number of client weeks of service provided to Preserved Rights clients is 130 lower than the affordable level because of increased attrition which is over and above that assumed in the budget. This reduced activity gives an underspend of £102k and also the unit cost is lower than the affordable level which generates a saving of £98k.

As with Older People, in house residential provision is showing a pressure of £148k on staffing because of the need to cover sickness and absence with agency staff to meet national care standards.

There has also been a contribution of £170k to a provision for a potential future liability.

#### b. Domiciliary Care

This line is showing a gross overspend of £421k. The forecast for services provided through the independent sector assumes 21,539 hours more than is affordable, which with a cost per hour of £12.56 means a pressure of £270k. There has also been an increase in the number of clients accessing independent living services, especially a number with wide ranging and profound disabilities, with the result that this line is currently forecasting an overspend of £126k.

#### c. Direct Payments

Overall this line is forecasting a gross pressure of £1,148k with a minor £34k over-recovery on income. This forecast assumes 142 weeks less than is afforded within the budget which is causing a saving of £32k on gross expenditure. The actual unit cost is £40.64 more than budgeted which is adding £1,154k to the position. There is also a pressure of £26k against one-off/respice payments.

d. Supported Accommodation

The current position is a gross pressure of £555k and an over recovery of income of £169k giving a net pressure of £386k with the number of clients having increased from 233 in March to 276 in June and 284 in September, however there has been a slight fall over recent months with the December figure standing at 281. The forecast weeks based on these clients shows 546 weeks less than affordable as the budget was based on a higher figure; this generates a saving of £310k. However the unit cost of £566.87 is also £22.56 per week higher than is affordable and this increases the pressure by £379k. It should be noted that the unit cost is skewed by a number of placements transferred from Health under S256 arrangements as these clients cost over £1,200 per week. There has also been a contribution of £331k to a reserve for a potential future liability. A combination of higher than expected average contribution per week plus the impact of S256 placements funded by Health generates an additional £169k of income.

There is also £189k of costs backdated for the two previous financial years relating to a client who, following a recent case has been awarded Ordinary Residence in Kent. The cost of this client for 2009/10 is included within the overall position outlined above. There are also small underspends against group homes and the adult placement scheme.

e. Other Services

This line is showing a gross underspend of £935k following the release of £600k of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. Independent sector day-care is showing an underspend of £214k and this in part relates to a number of clients now receiving their daycare via a direct payment. There are also small variances, both over and under, against the remaining services, including payments to voluntary organisations, day opportunities service and supported employment.

1.1.3.3 **People with a Physical Disability:**

Overall the position for this client group is a net pressure of £702k. Services for this client group remain under pressure as a result of both demographic and placement price pressures. As a result there continues to be a significant forecast pressure against residential and domiciliary care.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £526k.

Although the number of clients had reduced from 222 in March to 213 in June, the figure as at December was 228, only marginally down from September's figure of 229. As a result the current forecast assumes 1,072 weeks more than is affordable at a cost of £912k. The actual unit cost is £850.71 which is £25.15 lower than the affordable which reduces the pressure by £297k. The additional client weeks add £125k of income to the position however the income per week is less than the level expected which causes a pressure of £113k.

The forecast number of client weeks of service provided to Preserved Rights clients is 271 lower than the affordable level because of increased attrition which is over and above that assumed in the budget. This reduced activity gives an underspend of £221k although the unit cost is slightly higher than the affordable level which adds £79k back into the position. The reduced activity also means an under-recovery in income of £77k.

b. Domiciliary Care

This line is showing a gross overspend of £558k. The forecast for services provided through the independent sector assumes 35,774 hours more than is affordable, which with a cost per hour of £13.19 gives a pressure of £472k. The actual unit cost is also slightly higher than the affordable level which increases the pressure by £88k.

c. Other Services

This line is showing a gross underspend of £549k following the release of £200k of the Contingency held by the Managing Director to offset the overall pressure within the Directorate. As with Learning Disability there is also an underspend of £222k against independent sector day-care as a number of clients are now receiving their daycare via a direct payment. There are also small underspends against the remaining services, including payments to voluntary organisations and occupational therapy.

#### 1.1.3.4 **All Adults Assessment & Related:**

There is an underspend against gross expenditure of £222k as a result of vacancy management. There is also an over-recovery in income of £355k, of which approximately £300k relates to additional contributions from Health. The estimates for gross expenditure have reduced over the last few months due to revised estimates for turnover and vacancy management.

#### 1.1.3.5 **Mental Health:**

Overall the position for this client group is a net pressure of £307k.

##### a. **Residential Care**

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £631k. In the case of non-preserved rights clients the affordable level was reduced as a result of the decision in both 2008-09 and 2009-10 to realign budgets to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The result is a forecast which is 1,272 weeks more than is affordable at a cost of £699k. The actual unit cost is £549.33 which is £17.33 higher than the affordable which adds £152k to the forecast. The forecast also assumes a significant under-recovery in income as an increasing proportion of clients fall under Section 117 legislation meaning that they do not contribute towards the cost of their care. This has added £228k to the pressure.

The forecast for Preserved Rights clients reflects an underspend of £213k because of increased attrition which is over and above that assumed in the budget. The reduced activity also means an under-recovery in income of £69k.

##### b. **Direct Payments**

As referred to above the affordable level has been increased in both 2008-09 and 2009-10 to reflect the changed priorities in the Directorate to keep clients, wherever possible, within a community based setting such as supported accommodation or via direct payments, rather than residential care, however this change has not happened as quickly as anticipated. The result is a gross forecast which is significantly underspending against budget by £329k.

##### c. **Other Services**

This line is showing an underspend on gross of £154k resulting from small variances against a number of lines including payments to voluntary organisations, daycare, facilities and community services.

#### 1.1.3.6 **Gypsy & Traveller Unit:**

This line is reporting a gross overspend of £107k following an unsuccessful bid to redevelop a site. As the scheme is no longer continuing within the capital programme all the costs incurred so far on the project, amounting to £140k must be written back to revenue. The overall variance is less than this due to small underspends elsewhere within this budget line.

#### 1.1.3.7 **Strategic Business Support:**

The current forecast is an underspend on gross of £630k and an over-recovery in income of £205k. The underspend on gross is spread across a number of teams both at Headquarters and in the two Areas and reflects savings through vacancy management, the value of which comes to approximately £500k. There are also cases where costs have been funded through a grant. For example several posts are either partly or totally covered through the Social Care Reform Grant. Backfilling of posts has either been done at a lower cost or the post has not been covered, both of

which have added to the underspend. There have also been savings against non-pay costs including £75k against printing and stationery.

Within the over-recovery of income is £118k relating to contributions from Universities in respect of the Practice Placement Scheme, as well as additional additional income from Medway Council in respect of Enhanced Pensions and contributions from District Councils involved in the new Excellent Homes For All PFI scheme. There is also additional funding relating to the Safeguarding Adults Board Manager.

**Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER**  
(shading denotes that a pressure/saving has an offsetting entry which is directly related)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	LD Residential gross - activity in excess of affordable level in independent sector placements	+1,640	KASS	Older People Residential income resulting from higher contribution per client per week	-1,113
KASS	Older People Nursing gross - activity in excess of affordable level in independent sector	+1,375	KASS	Older People Domiciliary gross - in house activity below affordable level	-798
KASS	LD Domiciliary gross - pressure relating to change in unit cost in independent sector care	+1,154	KASS	Older People Domiciliary gross - reduction in hours in independent care	-711
KASS	Older People Domiciliary gross - pressure relating to change in unit cost in independent sector hours	+1,123	KASS	LD Other Services gross - release of the balance of the Managing Director's contingency	-600
KASS	PD Residential gross - activity in excess of affordable level in independent sector placements	+912	KASS	Older People Residential gross - Preserved Rights increased attrition	-523
KASS	LD Residential gross - pressure relating to change in unit cost in independent sector care	+886	KASS	Strategic Business Support gross - vacancy management	-500
KASS	MH Residential gross - transfer of clients to community based care/direct payments not yet happened	+699	KASS	Older People Nursing income resulting from additional activity	-452
KASS	Older People Residential gross - in house provision staffing	+676	KASS	Older People Nursing income resulting from higher contribution per client per week	-423
KASS	PD Domiciliary gross - activity in excess of affordable level	+472	KASS	Older People Nursing income - additional income due to higher RNCC activity	-413
KASS	Older People Nursing gross - additional spend due to higher RNCC activity	+413	KASS	OP Nursing income - additional contributions from Health	-354
KASS	LD Supported Accommodation gross - pressure relating to change in unit cost	+379	KASS	MH Direct Payments gross - increase in expected activity in community based care/direct payments not yet happened	-329
KASS	Older People Residential gross - pressure relating to change in unit cost in independent sector placements	+354	KASS	OP Domiciliary gross - lower level of activity against block contracts and enablement	-318
KASS	LD Supported Accommodation gross - contribution to reserve	+331	KASS	LD Supported Accommodation gross - activity below affordable level	-310
KASS	LD Direct Payments gross - independent sector activity in excess of affordable level	+270	KASS	Assessment & Related - Over-recovery of income from additional health contributions	-300

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
KASS	MH Residential income - reduced income due to increasing proportion of clients who are S117	+228	KASS	PD Residential gross - unit cost below affordable level	-297
KASS	Older People Nursing gross - attrition in preserved rights lower than expected	+201	KASS	OP Residential income resulting from increased occupancy in in-house units	-293
KASS	Older People Residential income - reduced Preserved Rights activity	+191	KASS	LD Residential income resulting from higher contribution per client per week	-267
KASS	LD Supported Accommodation gross - backdated cost relating to Ordinary Residence	+189	KASS	LD Residential income - additional income resulting from additional activity	-258
KASS	LD Residential gross - contribution to provision	+170	KASS	PD Other Services - underspend on independent sector day-care	-222
KASS	MH Residential gross - unit cost in excess of affordable level	+152	KASS	Assessment & Related gross - underspend resulting from vacancy management	-222
KASS	LD Residential gross - in house provision staffing	+148	KASS	PD Residential gross - Preserved Rights increased attrition	-221
KASS	Gypsy & Traveller Unit gross - write back of capital costs incurred on a failed bid to redevelop a site	+140	KASS	LD Other Services gross - reduced activity in independent sector/transfer to direct payments	-214
KASS	LD Domiciliary gross - pressure against Independent Living Scheme	+126	KASS	MH Residential gross - Preserved rights decreased activity due to higher attrition	-213
KASS	PD Residential income - income per week below expected level	+113	KASS	PD Other Services gross - release of the balance of the Managing Director's contingency	-200
			KASS	OP Other Services gross - release of the balance of the Managing Director's contingency	-200
			KASS	OP Other Services gross - lower than anticipated demand for Fast-track Occupational Therapy equipment	-200
			KASS	LD Supported Accommodation income - resulting from higher contribution per client per week and additional Health funding	-169
			KASS	Older People Residential income resulting from higher contribution per client per week from Preserved Rights clients	-157
			KASS	Older People Residential gross - Preserved Rights saving relating to change in unit cost	-151
			KASS	PD Residential income - additional activity	-125
			KASS	Strat Bus Supp income - additional training income for Practice Placement scheme	-118
			KASS	LD Residential gross - Preserved rights decreased activity due to higher attrition	-102
		<b>+12,342</b>			<b>-10,773</b>

#### 1.1.4 **Actions required to achieve this position:**

The forecast pressure of £580k assumes that most of the savings identified within the MTP will be achieved, and the Directorate remains confident that other savings, through the application of “Guidelines for Good Management Practice”, will be found to ensure that a balanced budget is achieved by the end of the year.

#### 1.1.5 **Implications for MTP:**

The 2010-13 Medium Term Plan reflects the ongoing pressures on all services at the time the 2010-11 budget was produced.

#### 1.1.6 **Details of re-phasing of revenue projects:**

No revenue projects have been identified for re-phasing.

#### 1.1.7 **Details of proposals for residual variance:**

The KASS Directorate is wholly committed to delivering a balanced outturn position by the end of the financial year. KASS has ‘Guidelines for Good Management Practice’ in place across all teams in order to help us manage demand on an equitable basis consistent with policy and legislation. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged. Through these arrangements the Directorate expects to balance the £580k pressure by the end of the year. However this pressure assumes reductions in the number of residential and nursing placements in line with expected trends and risk remains around what additional clients above those either accepted or contested may become “ordinarily resident” in Kent.

## 1.2 **CAPITAL**

### 1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted to reflect the position reflected in the 2010-13 MTP as agreed by County Council on 18 February 2010, any further adjustments are detailed in section 4.1.

1.2.1 **Table 3** below provides a portfolio overview of the latest capital monitoring position excluding PFI projects.

	Prev Yrs Exp £000s	2009-10 £000s	2010-11 £000s	2011-12 £000s	Future Yrs £000s	TOTAL £000s
<b>Kent Adult Social Services portfolio</b>						
Budget	2,648	4,347	10,835	7,857	1,488	27,175
Adjustments:						
-						0
Revised Budget	2,648	4,347	10,835	7,857	1,488	27,175
Variance		-769	769	0	0	0
<b>split:</b>						
- real variance						0
- re-phasing		-769	+769			0

<b>Real Variance</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Re-phasing</b>	<b>0</b>	<b>-769</b>	<b>+769</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2009-10 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

**Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER**

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme £'000s	Approval to Spend £'000s	Approval to Plan £'000s	Preliminary Stage £'000s
<b>Overspends/Projects ahead of schedule</b>						
KASS						
			<b>+0</b>	<b>+0</b>	<b>+0</b>	<b>+0</b>
<b>Underspends/Projects behind schedule</b>						
KASS	Modernisation of Assets	phasing	-273			
			<b>-273</b>	<b>+0</b>	<b>+0</b>	<b>+0</b>
			<b>-273</b>	<b>+0</b>	<b>+0</b>	<b>+0</b>

**1.2.4 Projects re-phasing by over £1m:**

None

**1.2.5 Projects with real variances, including resourcing implications:**

None

There are no underlying variances.

**1.2.6 General Overview of capital programme:**

## a) Risks

None

## (b) Details of action being taken to alleviate risks

None

**1.2.7 PFI projects**

## • PFI Housing

1. The £72.489m investment in the PFI Housing project represents investment by a third party. No payment is made by KCC for the new/refurbished assets until the assets are ready for use and this is by way of an annual unitary charge to the revenue budget. The completion of the assets is phased over two years and some are now operational.

	Previous years	2009-10	2010-11	2011-12	TOTAL
	£000s	£000s	£000s	£000s	£000s
<b>Budget</b>	8,892	51,818	11,779	0	72,489
<b>Forecast</b>	8,892	51,818	11,779		72,489
<b>Variance</b>	0	0	0	0	0

(a) **Progress and details of whether costings are still as planned (for the 3<sup>rd</sup> party)**

Overall costings still as planned.

(b) **Implications for KCC of details reported in (a) ie could an increase in the cost result in a change to the unitary charge?**

The unitary charge is not subject to indexation as the contractor has agreed to a fixed price for the duration of the contract. Deductions will be made during the contract period if performance falls below the standards agreed or if the facilities are unavailable for use.

During the contract period if one of the partners proposes a change that either results in increased costs or a change in the balance of risk, this must be taken to the Project Board for agreement. Each partner has a vote and any decision resulting in a change to the costs or risks would need unanimous approval.

- PFI Excellent Homes for All

2. The £44.300m investment in the PFI Excellent Homes for All project also represents investment by a third party. No payment is made by KCC for the new/refurbished assets until the assets are ready for use and this is by way of an annual unitary charge to the revenue budget.

	Previous years	2009-10	2010-11	-23	TOTAL
	£000s	£000s	£000s	£000s	£000s
<b>Budget</b>			22,300	22,000	44,300
<b>Forecast</b>			22,300	22,000	44,300
<b>Variance</b>					

- (a) **Progress and details of whether costings are still as planned (for the 3<sup>rd</sup> party)**

Overall costings still as planned.

- (b) **Implications for KCC of details reported in (a) ie could an increase in the cost result in a change to the unitary charge ?**

As per PFI housing above.

### 1.2.8 Project Re-Phasing

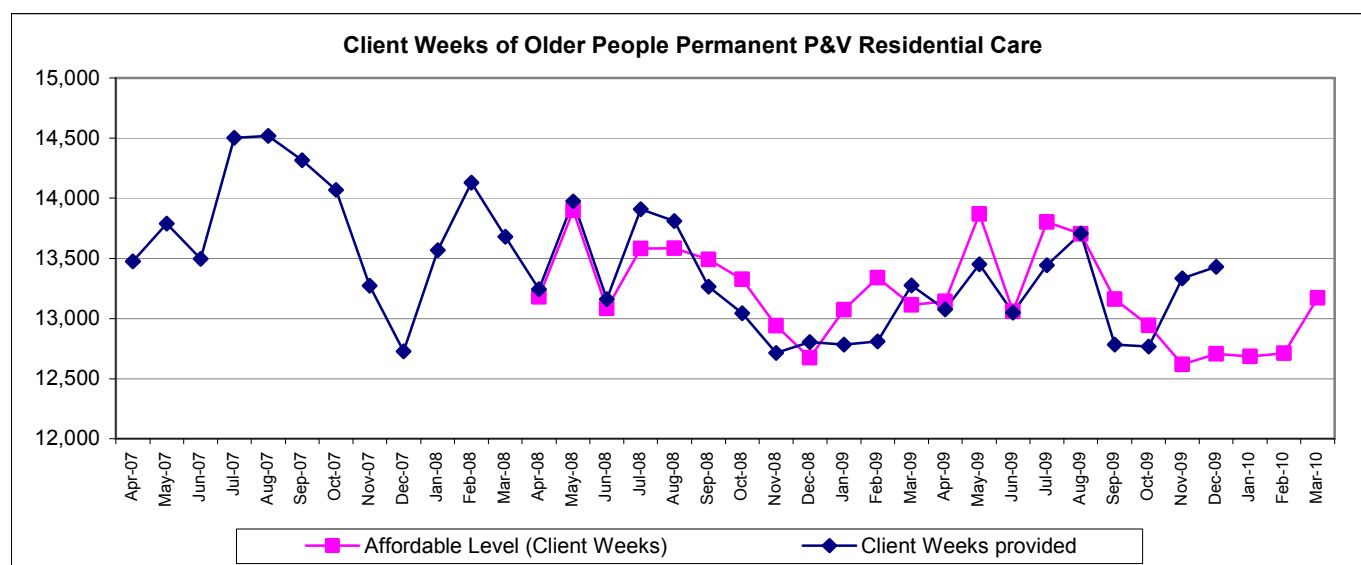
Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The possible re-phasing is detailed in the table below.

	2009-10	2010-11	2011-12	Future Years	Total
	£k	£k	£k	£k	
<b>Modernisation of Assets</b>					
Amended total cash limits	+805	+834	+267	+275	+2,181
re-phasing	-273	+273			0
<b>Revised project phasing</b>	<b>+532</b>	<b>+1,107</b>	<b>+267</b>	<b>+275</b>	<b>+2,181</b>
<b>Mental Health</b>					
Amended total cash limits	+114	+200			+314
re-phasing	-112	+112			0
<b>Revised project phasing</b>	<b>+2</b>	<b>+312</b>	<b>0</b>	<b>0</b>	<b>+314</b>
<b>Public Access</b>					
Amended total cash limits	+321	+347	+149	+153	+970
re-phasing	-138	+138			0
<b>Revised project phasing</b>	<b>+183</b>	<b>+485</b>	<b>+149</b>	<b>+153</b>	<b>+970</b>
<b>Total re-phasing &gt;£100k</b>	<b>-523</b>	<b>+523</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other re-phased Projects below £100k</b>	<b>-246</b>	<b>+246</b>			
<b>TOTAL RE-PHASING</b>	<b>-769</b>	<b>+769</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

### 2.1.1 Number of client weeks of older people P&V residential care provided compared with affordable level:

	2007-08		2008-09		2009-10	
	Affordable Level (Client Weeks)	Client Weeks of older people P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people P&V residential care provided
April		13,476	13,181	13,244	13,142	13,076
May		13,789	13,897	13,974	13,867	13,451
June		13,495	13,084	13,160	13,059	13,050
July		14,502	13,581	13,909	13,802	13,443
August		14,520	13,585	13,809	13,703	13,707
September		14,316	13,491	13,264	13,162	12,784
October		14,069	13,326	13,043	12,943	12,768
November		13,273	12,941	12,716	12,618	13,333
December		12,728	12,676	12,805	12,707	13,429
January		13,568	13,073	12,784	12,685	
February		14,131	13,338	12,810	12,712	
March		13,680	13,114	13,275	13,172	
<b>TOTAL</b>	<b>169,925</b>	<b>165,546</b>	<b>159,287</b>	<b>158,793</b>	<b>157,572</b>	<b>119,041</b>

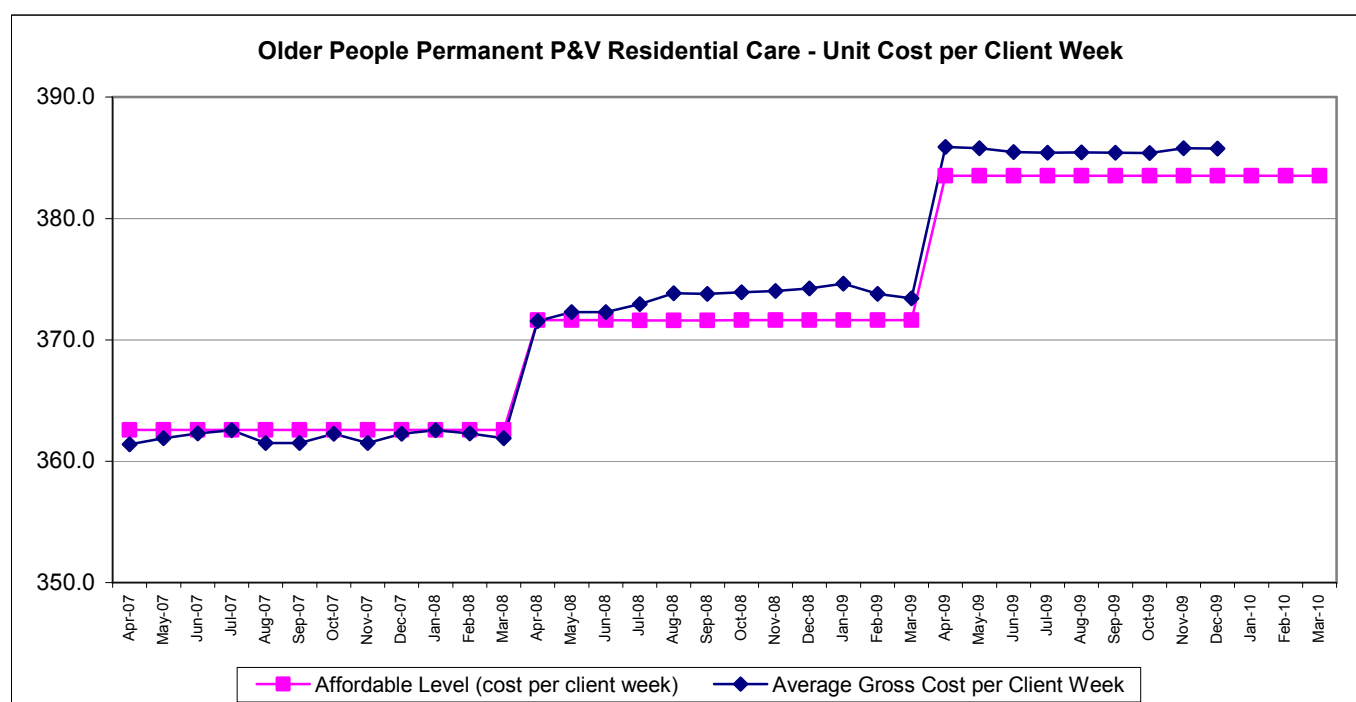


#### Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2007-08 was 2,917 and at the end of March 2009 it was 2,832. In December, the number was 2,774. Although the December position is lower than the March position, there continues to be a pressure relating to older people with dementia.
- The forecast position is 157,368 weeks of care against an affordable level of 157,572, which is a difference of -204 weeks. Using the actual unit cost of £385.76, this reduced level of activity generates an underspend of £79k as highlighted in section 1.1.3.1.a.
- To the end of December 119,041 weeks of care have been delivered against an affordable level of 119,003, a difference of +38 weeks. Although the weeks delivered so far this year is slightly higher than the affordable level, the forecast includes the impact of higher placement numbers at the beginning of the year and includes the ongoing action across the areas to reduce placements. The actual profile is also affected by the number of non-permanent/respite weeks which is volatile. Latest estimates suggest fewer weeks will be needed in the P&V sector in the final quarter of the year because of an increase in in-house weeks and the impact of enablement and intermediate care.

## 2.1.2 Average gross cost per client week of older people permanent P&V residential care compared with affordable level:

	2007-08		2008-09		2009-10	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	362.60	361.41	371.60	371.54	383.52	385.90
May	362.60	361.90	371.60	372.28	383.52	385.78
June	362.60	362.31	371.60	372.27	383.52	385.47
July	362.60	362.56	371.60	372.94	383.52	385.43
August	362.60	361.50	371.60	373.84	383.52	385.44
September	362.60	361.50	371.60	373.78	383.52	385.42
October	362.60	362.27	371.60	373.91	383.52	385.39
November	362.60	361.50	371.60	374.01	383.52	385.79
December	362.60	362.27	371.60	374.22	383.52	385.76
January	362.60	362.56	371.60	374.61	383.52	
February	362.60	362.31	371.60	373.78	383.52	
March	362.60	361.90	371.60	373.42	383.52	

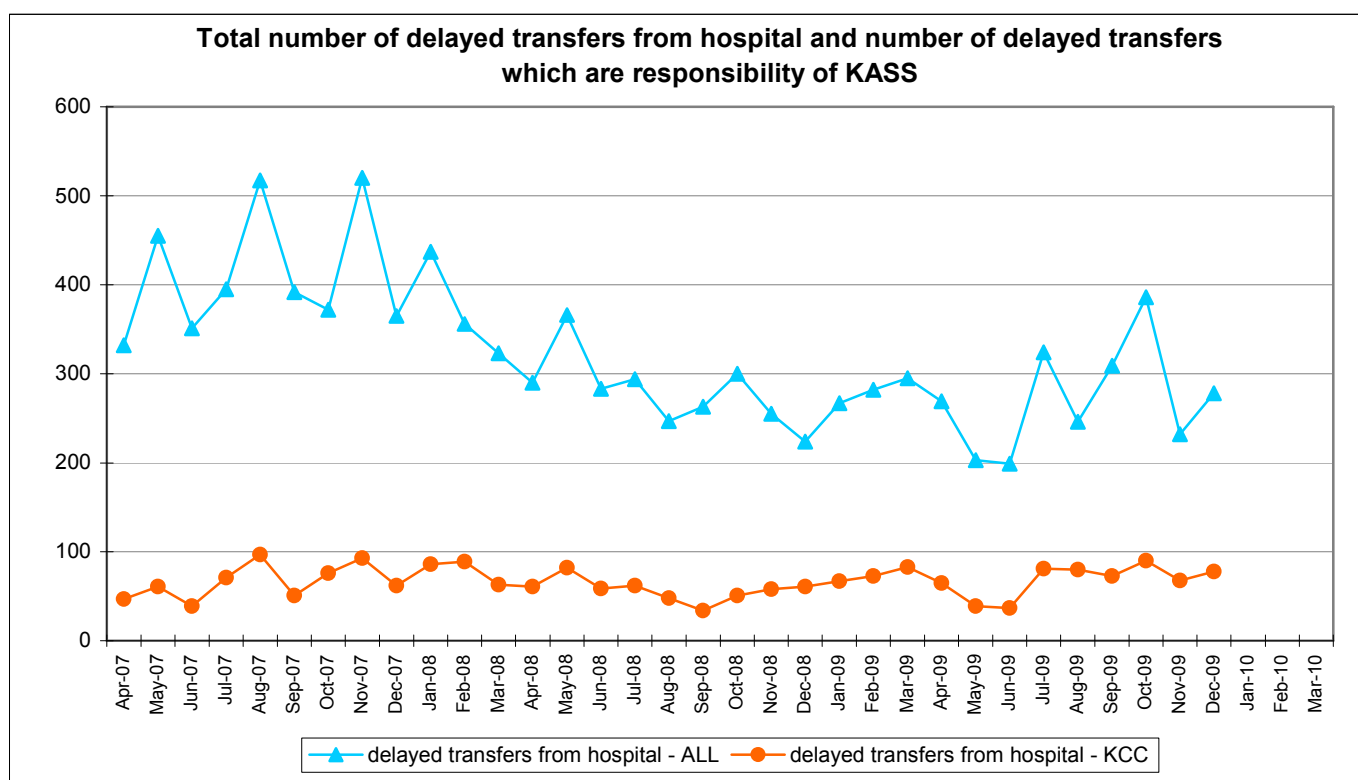


### Comments:

- The increase in unit cost over the last year is higher than inflation, but reflects the increasing proportion of clients with dementia.
- The forecast unit cost of £385.76 is higher than the affordable cost of £383.52 and this difference of +£2.24 adds £354k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.1.a.

### 2.1.3 Total of All Delayed Transfers from hospital compared with those which are KASS responsibility:

	2007-08		2008-09		2009-10	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	332	47	290	61	269	65
May	455	61	366	82	203	39
June	351	39	283	59	199	37
July	395	71	294	62	324	81
August	517	97	247	48	246	80
September	392	51	263	34	309	73
October	372	76	300	51	386	90
November	520	93	255	58	232	68
December	365	62	224	61	278	78
January	437	86	267	67		
February	356	89	282	73		
March	323	63	295	83		

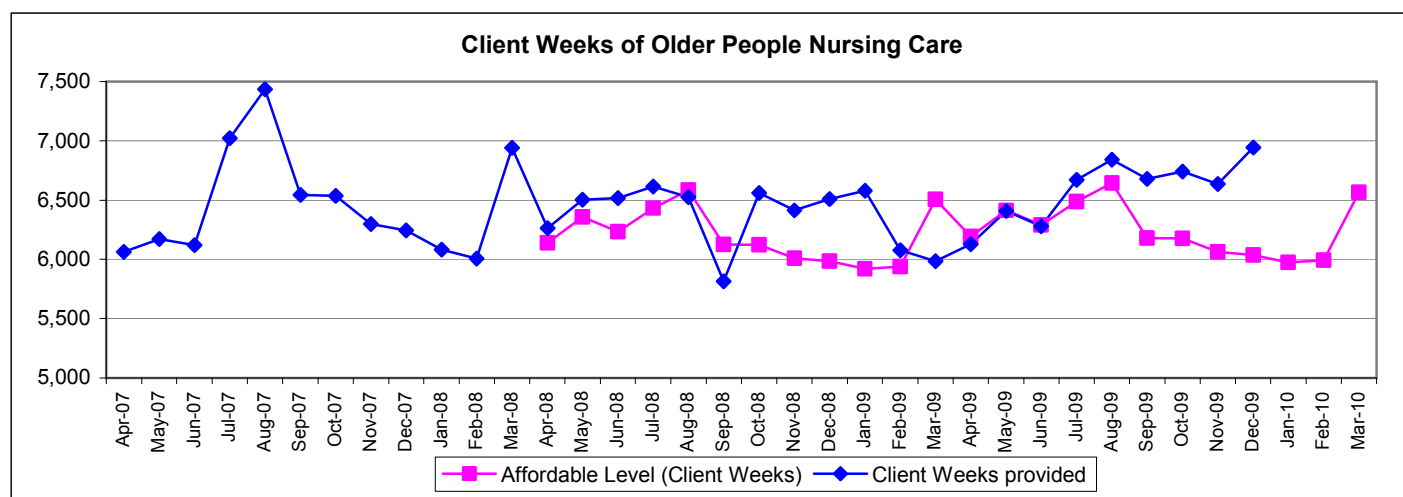


#### Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Typically this may be because they are waiting for an assessment to be completed, they are choosing a residential or nursing home placement, or waiting for a vacancy to become available. This figure shows all delays, but those attributable to Adult Social Services, and therefore subject to the reimbursement regime, are a minority. There are many reasons for fluctuations in the number of DTCs which result from the interaction of various different factors within a highly complex system across both Health and Social Care.
- This activity information is obtained from a national database based on data provided by the PCTs.

## 2.2.1 Number of client weeks of older people nursing care provided compared with affordable level:

	2007-08		2008-09		2009-10	
	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided	Affordable Level (Client Weeks)	Client Weeks of older people nursing care provided
April		6,062	6,137	6,263	6,191	6,127
May		6,170	6,357	6,505	6,413	6,408
June		6,120	6,233	6,518	6,288	6,279
July		7,020	6,432	6,616	6,489	6,671
August		7,436	6,586	6,525	6,644	6,841
September		6,546	6,124	5,816	6,178	6,680
October		6,538	6,121	6,561	6,175	6,741
November		6,298	6,009	6,412	6,062	6,637
December		6,243	5,984	6,509	6,037	6,952
January		6,083	5,921	6,580	5,973	
February		6,008	5,940	6,077	5,992	
March		6,941	6,507	5,985	6,566	
<b>TOTAL</b>	<b>74,707</b>	<b>77,463</b>	<b>74,351</b>	<b>76,367</b>	<b>75,008</b>	<b>59,336</b>

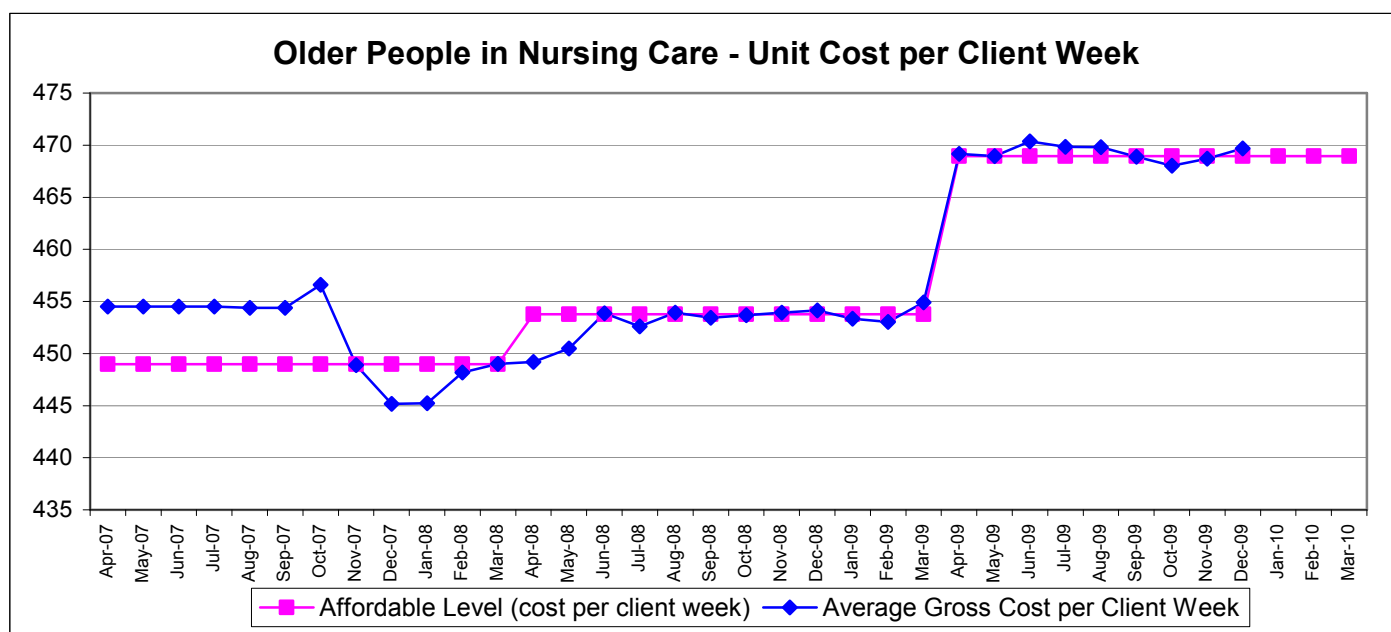


### Comment:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2007-08 was 1,386, at the end of March 2009, it had decreased to 1,332 and in December, it had increased slightly to 1,386.
- To the end of December 59,336 weeks of care have been delivered against an affordable level of 56,477 a difference of +2,859 weeks.
- The forecast position is 77,937 weeks of care against an affordable level of 75,008, a difference of +2,929 weeks. Using the actual unit cost of £469.67, this additional activity adds £1,375k to the forecast as highlighted in section 1.1.3.1.b.
- Permanent placements have been slightly higher in the second and third quarters than in the first which means the difference between the forecast weeks and the affordable levels will be larger by year-end. In addition, non-permanent care has increased since the first quarter but it is assumed that this will reduce again in the final quarter and this is reflected in the forecast. The forecast also assumes that placements will reduce in the final quarter based on previous year's levels of attrition.
- There are always pressures in permanent nursing care which may occur for many reasons. Increasingly, older people are entering nursing care only when other ways of support have been explored. This means that the most dependent are those that enter nursing care and consequently are more likely to have dementia. In addition, there will always be pressures which the directorate face, for example the knock on effect of minimising delayed transfers of care. Demographic changes – increasing numbers of older people with long term illnesses – also means that there is an underlying trend of growing numbers of people needing nursing care.

## 2.2.2 Average gross cost per client week of older people nursing care compared with affordable level:

	2007-08		2008-09		2009-10	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	448.98	454.50	453.77	449.18	468.95	469.15
May	448.98	454.50	453.77	450.49	468.95	468.95
June	448.98	454.50	453.77	453.86	468.95	470.37
July	448.98	454.50	453.77	452.61	468.95	469.84
August	448.98	454.40	453.77	453.93	468.95	469.82
September	448.98	454.40	453.77	453.42	468.95	468.88
October	448.98	456.60	453.77	453.68	468.95	468.04
November	448.98	448.88	453.77	453.92	468.95	468.69
December	448.98	445.16	453.77	454.13	468.95	469.67
January	448.98	445.22	453.77	453.33	468.95	
February	448.98	448.17	453.77	453.02	468.95	
March	448.98	449.00	453.77	454.90	468.95	

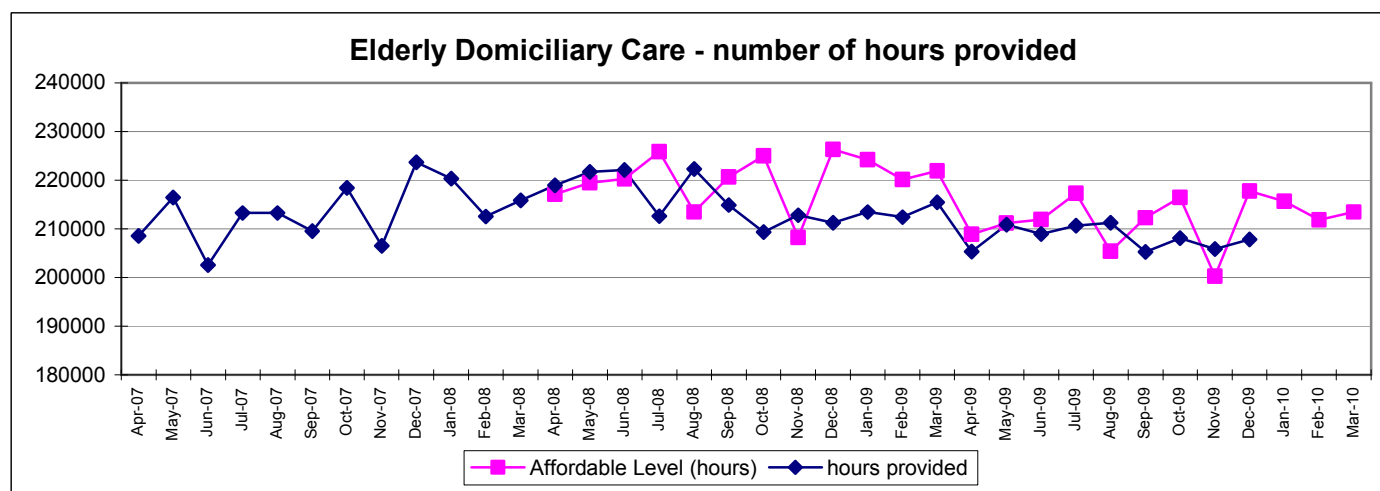
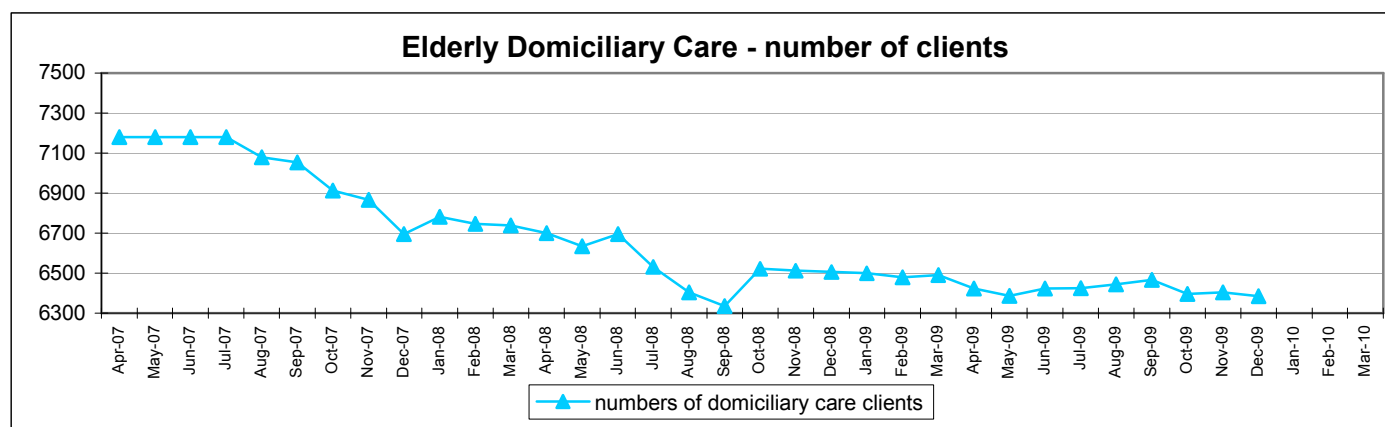


### Comments:

- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care
- The forecast unit cost of £469.67 is higher than the affordable cost of £468.95 and this difference of +£0.72 increases the pressure by £53k when multiplied by the affordable weeks, as highlighted in section 1.1.3.1.b

## 2.3.1 Elderly domiciliary care – numbers of clients and hours provided:

	2007-08			2008-09			2009-10		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
April		208,524	7,179	217,090	218,929	6,700	208,869	205,312	6,423
May		216,477	7,180	219,480	221,725	6,635	211,169	210,844	6,386
June		202,542	7,180	220,237	222,088	6,696	211,897	208,945	6,422
July		213,246	7,180	225,841	212,610	6,531	217,289	210,591	6,424
August		213,246	7,079	213,436	222,273	6,404	205,354	211,214	6,443
September		209,504	7,054	220,644	214,904	6,335	212,289	205,238	6,465
October		218,397	6,912	225,012	209,336	6,522	216,491	208,051	6,396
November		206,465	6,866	208,175	212,778	6,512	200,292	205,806	6,403
December		223,696	6,696	226,319	211,189	6,506	217,749	207,771	6,385
January		220,313	6,782	224,175	213,424	6,499	215,686		
February		212,499	6,746	220,135	212,395	6,478	211,799		
March		215,865	6,739	221,875	215,488	6,490	213,474		
<b>TOTAL</b>	<b>2,610,972</b>	<b>2,560,774</b>		<b>2,642,419</b>	<b>2,587,139</b>		<b>2,542,358</b>	<b>1,873,772</b>	



## Comment:

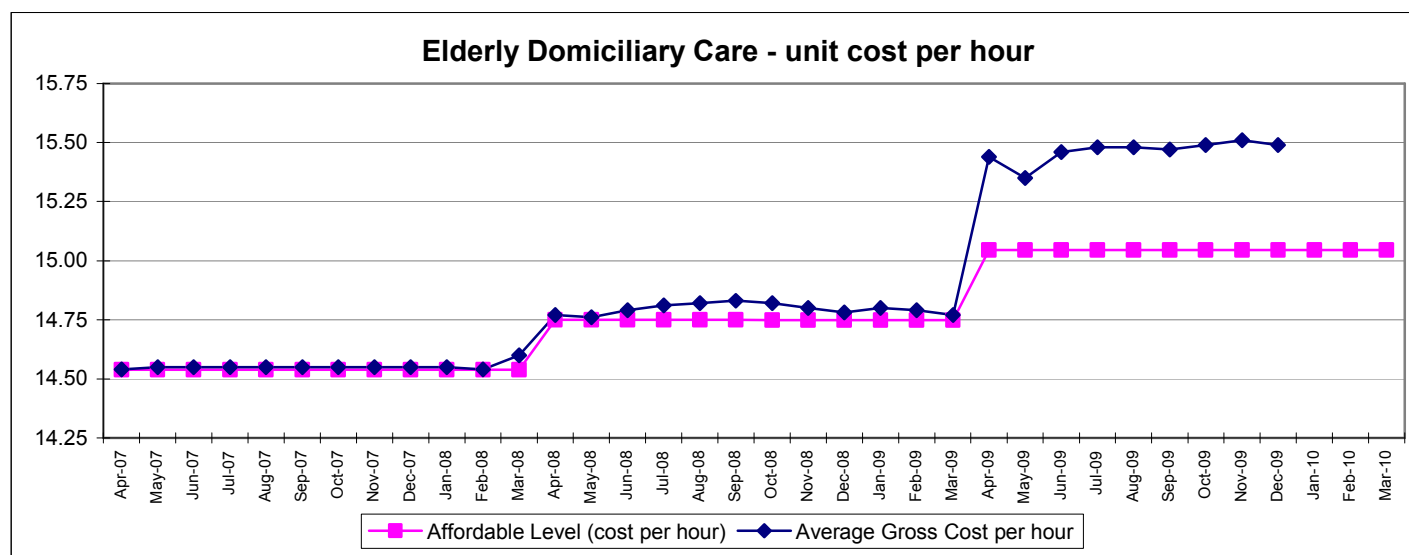
- Figures exclude services commissioned from the Kent HomeCare Service.
- The current forecast is 2,496,440 hours of care set against an affordable level of 2,542,358, a difference of 45,918 hours. Using the forecast unit cost of £15.486, this reduction in activity indicates a £711k underspend, as highlighted in section 1.1.3.1.c.
- The number of people receiving domiciliary care has decreased since 2008/09, and we would not expect the number of domiciliary care clients to be significantly increasing for several reasons. Firstly, the success of preventative services such as intermediate care, rapid response and ongoing service developments with the voluntary sector and other organisations mean that we continue to prevent people from needing 'mainstream' domiciliary care. The LAA target focuses on how we can ensure that people are helped back to their own homes successfully with very minimal support. In the

voluntary sector, people can access services, very often involving social inclusion (e.g. luncheon clubs and other social activities), without having to undergo a full care management assessment. Secondly, public health campaigns and social marketing aimed at improving people's health is already starting to result in healthier older people. Increase in the use of Telecare and Telehealth similarly reduces the need for domiciliary care, and it is possible that this trend will continue despite the growth in numbers of older people. Thirdly, in Kent, as well as nationwide, the take up of direct payments by older people, has for the first time, reached similar levels as people with physical disabilities.

- With the implementation of Self directed support within the Directorate and a key emphasis on enablement services, which is a short term but intensive service, we would expect the average hours per person to increase and this is starting to happen.

### 2.3.2 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2007-08		2008-09		2009-10	
	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour	Affordable Level (Cost per Hour)	Average Gross Cost per Hour
April	14.50	14.54	14.75	14.77	15.045	15.44
May	14.50	14.55	14.75	14.76	15.045	15.35
June	14.50	14.55	14.75	14.79	15.045	15.46
July	14.50	14.55	14.75	14.81	15.045	15.48
August	14.50	14.55	14.75	14.82	15.045	15.48
September	14.50	14.55	14.75	14.83	15.045	15.47
October	14.50	14.55	14.75	14.82	15.045	15.49
November	14.50	14.55	14.75	14.80	15.045	15.51
December	14.50	14.55	14.75	14.78	15.045	15.49
January	14.50	14.55	14.75	14.80	15.045	
February	14.50	14.54	14.75	14.79	15.045	
March	14.50	14.60	14.75	14.77	15.045	

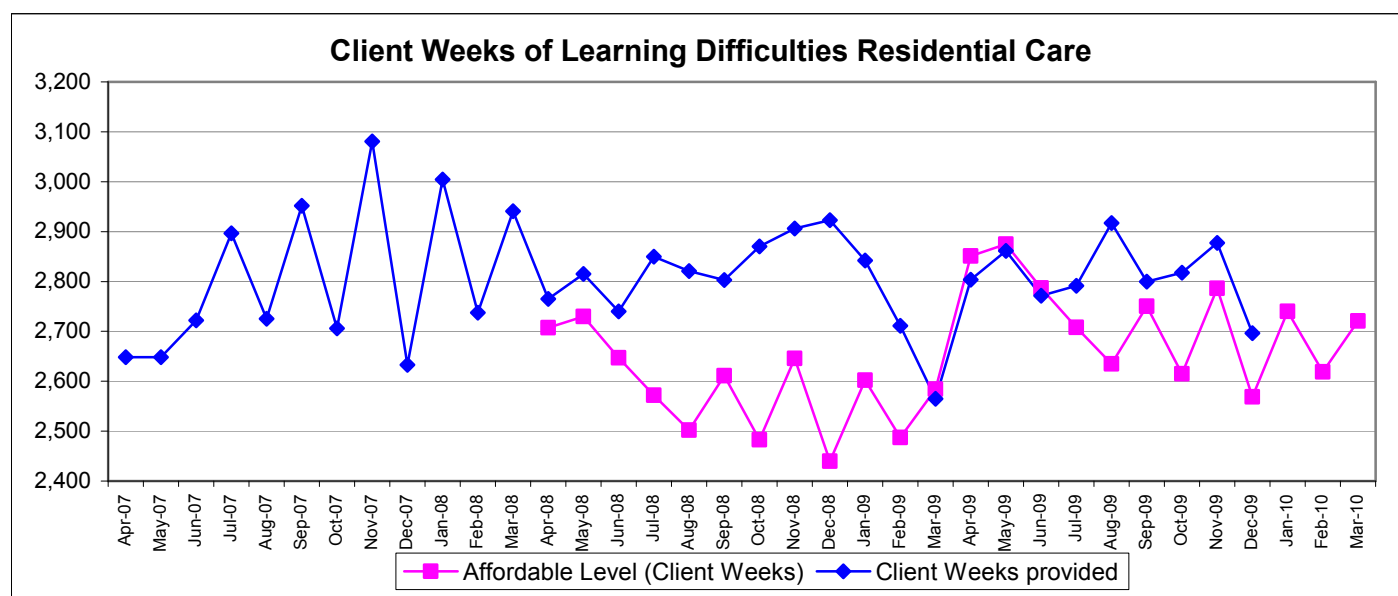


#### Comments:

- The average unit cost per week is increasing and may reflect the same issues outlined above concerning more intense packages and higher levels of need
- The forecast unit cost of £15.486 is higher than the affordable cost of £15.045 and this difference of +£0.441 increases the pressure by £1,123k when multiplied by the affordable hours, as highlighted in section 1.1.3.1.c.

### 2.4.1 Number of client weeks of learning difficulties residential care provided compared with affordable level (non preserved rights clients):

	2007-08		2008-09		2009-10	
	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided	Affordable Level (Client Weeks)	Client Weeks of LD residential care provided
April		2,648	2,707	2,765	2,851	2,804
May		2,648	2,730	2,815	2,875	2,861
June		2,722	2,647	2,740	2,787	2,772
July		2,897	2,572	2,850	2,708	2,792
August		2,725	2,502	2,821	2,635	3,091
September		2,952	2,611	2,803	2,750	2,640
October		2,706	2,483	2,870	2,615	2,818
November		3,081	2,646	2,906	2,786	2,877
December		2,633	2,440	2,923	2,569	2,696
January		3,004	2,602	2,842	2,740	
February		2,737	2,487	2,711	2,619	
March		2,941	2,584	2,565	2,721	
<b>TOTAL</b>	<b>30,984</b>	<b>33,695</b>	<b>31,011</b>	<b>33,611</b>	<b>32,656</b>	<b>25,351</b>

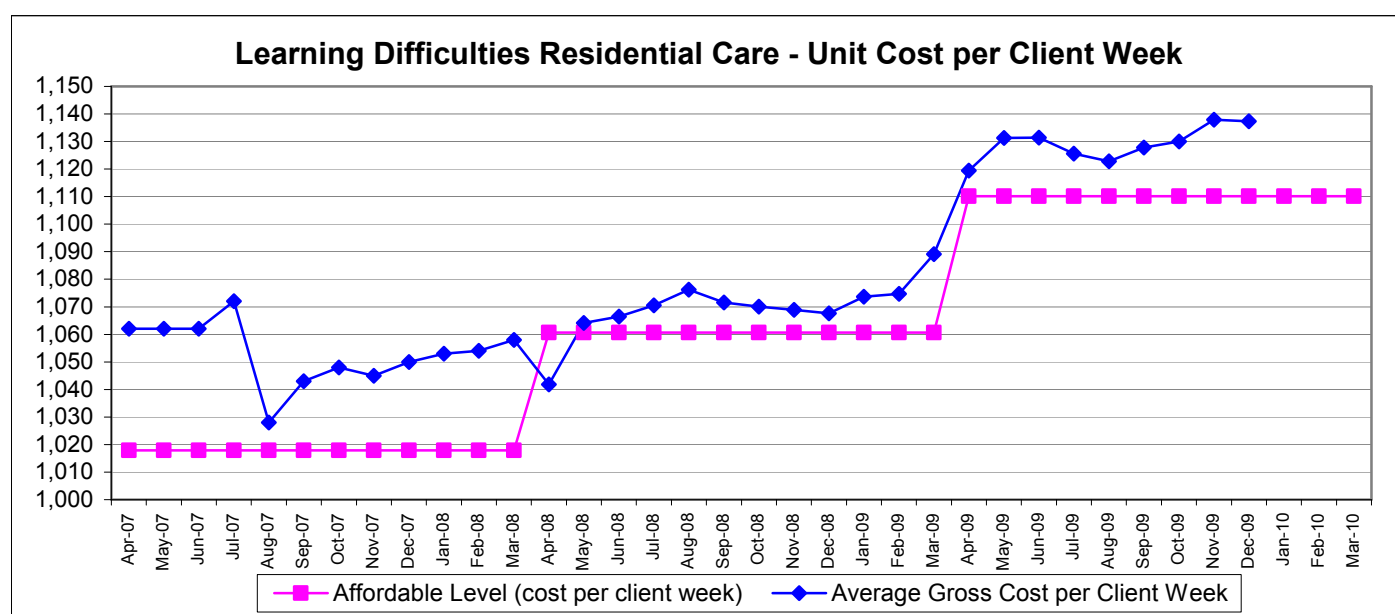


#### Comments:

- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2007-08 was 633, at the end of 2008-09 it was 640 (with some much higher numbers during the year) and at the end of September 642. In December this number has reduced slightly to 636.
- The forecast position of 34,098 weeks of care is some 1,442 weeks over the affordable level, indicating a pressure of £1,640k using a unit cost of £1,137.28. The forecast is based on the current activity as well as those known young people that will be coming to adult social services before the end of the year, plus an assumption about clients transferring out of residential care to supported living arrangements. Those young people in the “transition” process are known to Social Services as young as 14 and so they can be planned for, as highlighted in section 1.1.3.2.a.
- To the end of December 25,351 weeks of care have been delivered against an affordable level of 24,576 a difference of 775 weeks. The number of people in residential care has decreased slightly in the last couple of months, although the forecast allows for an increase based on known/named clients.
- The forecast includes permanent and non permanent weeks, and the expected increase in non permanent weeks over the remaining months of the year will not therefore be reflected in the movement in client numbers.

## 2.4.2 Average gross cost per client week of Learning Difficulties residential care compared with affordable level (non preserved rights clients):

	2007-08		2008-09		2009-10	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April	1,018.00	1,062.00	1,060.70	1,041.82	1,110.15	1,119.42
May	1,018.00	1,062.00	1,060.70	1,064.19	1,110.15	1,131.28
June	1,018.00	1,062.00	1,060.70	1,066.49	1,110.15	1,131.43
July	1,018.00	1,072.00	1,060.70	1,070.50	1,110.15	1,125.65
August	1,018.00	1,028.00	1,060.70	1,076.27	1,110.15	1,122.81
September	1,018.00	1,043.00	1,060.70	1,071.59	1,110.15	1,127.79
October	1,018.00	1,048.00	1,060.70	1,070.02	1,110.15	1,130.07
November	1,018.00	1,045.00	1,060.70	1,068.95	1,110.15	1,137.95
December	1,018.00	1,050.00	1,060.70	1,067.59	1,110.15	1,137.28
January	1,018.00	1,053.00	1,060.70	1,073.71	1,110.15	
February	1,018.00	1,054.00	1,060.70	1,074.67	1,110.15	
March	1,018.00	1,058.00	1,060.70	1,089.10	1,110.15	

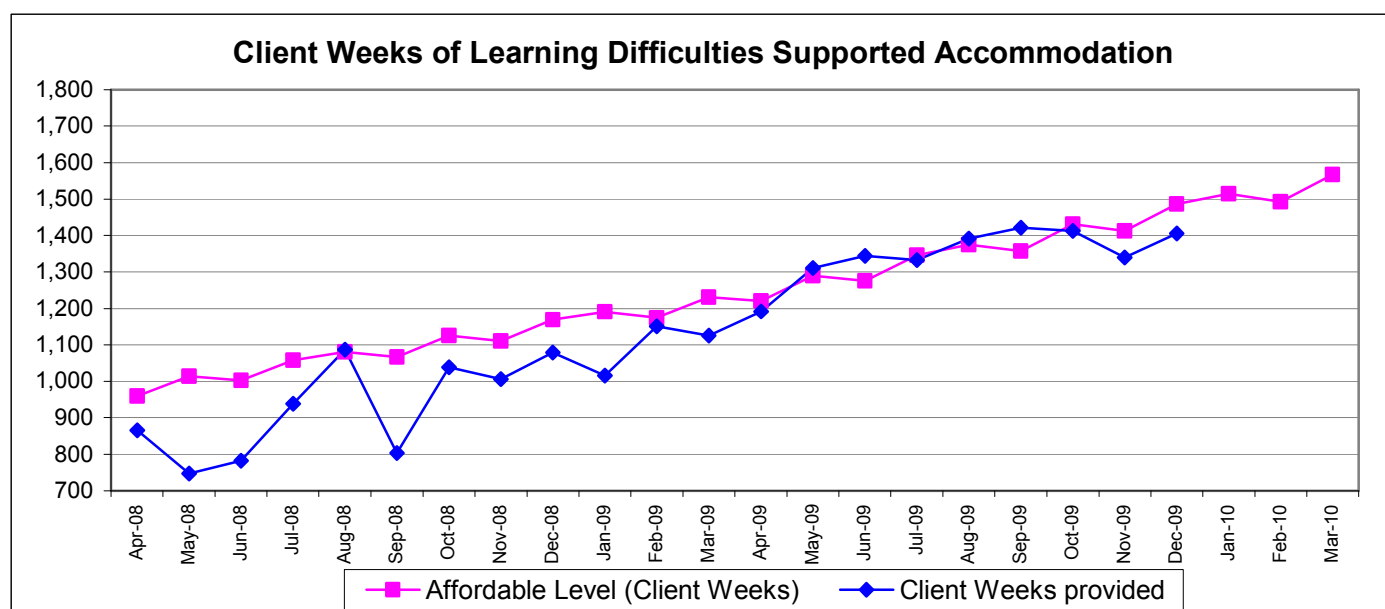


### Comments:

- Clients being placed in residential care are those with very complex and individual needs which makes it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,100 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high costs – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases.
- The forecast unit cost of £1,137.28 is higher than the affordable cost of £1,110.15 and this difference of £27.13 adds £886k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.a.

## 2.5.1 Number of client weeks of learning difficulties supported accommodation provided compared with affordable level:

	2007-08		2008-09		2009-10	
	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided	Affordable Level (Client Weeks)	Client Weeks of LD supported accommodation provided
April			960	865	1,221	1,192
May			1,014	747	1,290	1,311
June			1,003	782	1,276	1,344
July			1,058	939	1,346	1,333
August			1,081	1,087	1,375	1,391
September			1,067	803	1,357	1,421
October			1,125	1,039	1,431	1,412
November			1,110	1,006	1,412	1,340
December			1,169	1,079	1,487	1,405
January			1,191	1,016	1,515	
February			1,174	1,151	1,493	
March			1,231	1,125	1,567	
<b>TOTAL</b>	<b>7,618</b>	<b>11,156</b>	<b>13,183</b>	<b>11,639</b>	<b>16,770</b>	<b>12,149</b>

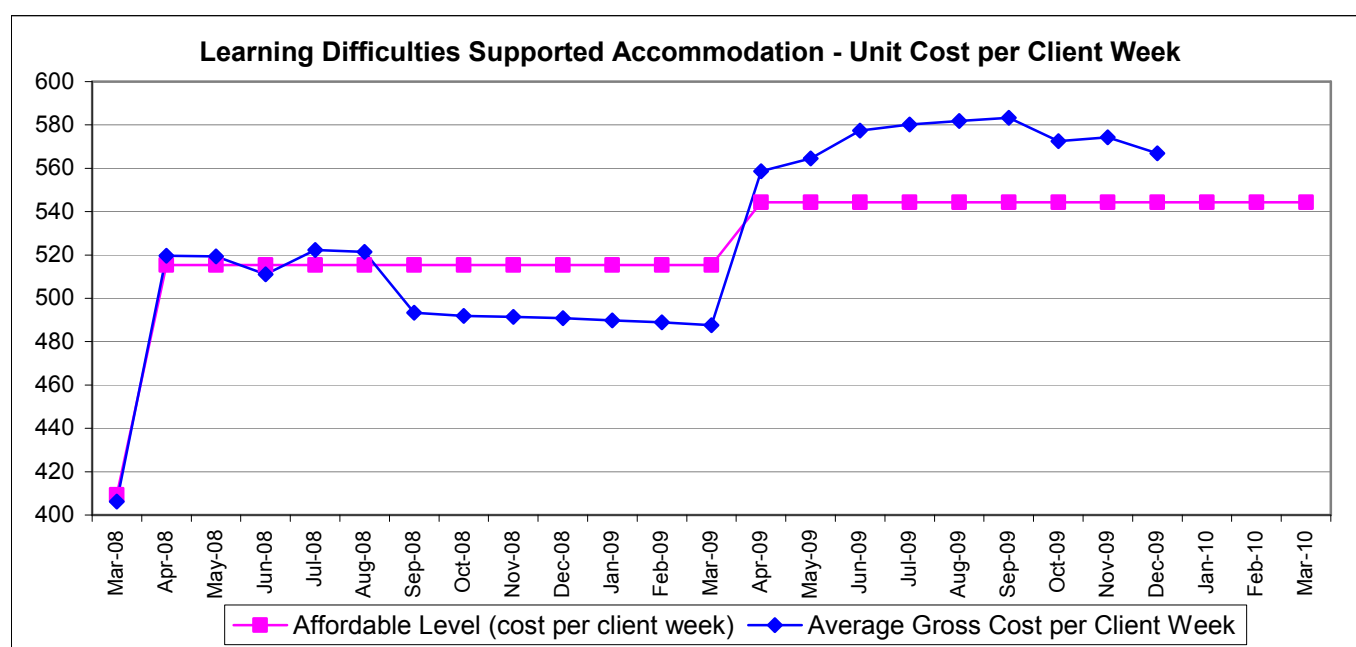


### Comments:

- The above graph reflects the number of client weeks of service. The actual number of clients in LD supported accommodation at the end of 2007-08 was 193 and at the end of March 2009 it was 233. As at the end of December, the numbers had increased to 281.
- The latest forecast position of 16,224 weeks clients against an affordable level of 16,770 weeks shows a difference of -546 weeks, which indicates a saving of £310k using a unit cost of £566.87.
- To the end of December 12,149 weeks of care have been delivered against an affordable level of 12,195 a difference of -46 weeks. The affordable weeks for the remaining months of the year were based on much higher levels of activity than are currently being experienced. The latest forecast assumes that between now and the end of the year actual weeks will be below affordable levels by 500 weeks.
- Like residential care for people with a learning disability, every case is unique and varies in cost, depending on the individual circumstances. Although the quality of life will be better for these people, it is not always significantly cheaper. The focus to enable as many people as possible to move from residential care into supported accommodation means that increasingly complex and unique cases will be successfully supported to live independently.

## 2.5.2 Average gross cost per client week of Learning Difficulties supported accommodation compared with affordable level (non preserved rights clients):

	2007-08		2008-09		2009-10	
	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Average Gross Cost per Client Week
April			515.41	519.60	544.31	558.65
May			515.41	519.40	544.31	564.49
June			515.41	511.10	544.31	577.33
July			515.41	522.30	544.31	580.27
August			515.41	521.40	544.31	581.76
September			515.41	493.33	544.31	583.26
October			515.41	491.85	544.31	572.59
November			515.41	491.47	544.31	574.24
December			515.41	490.83	544.31	566.87
January			515.41	489.75	544.31	
February			515.41	488.90	544.31	
March	409.31	406.18	515.41	487.60	544.31	

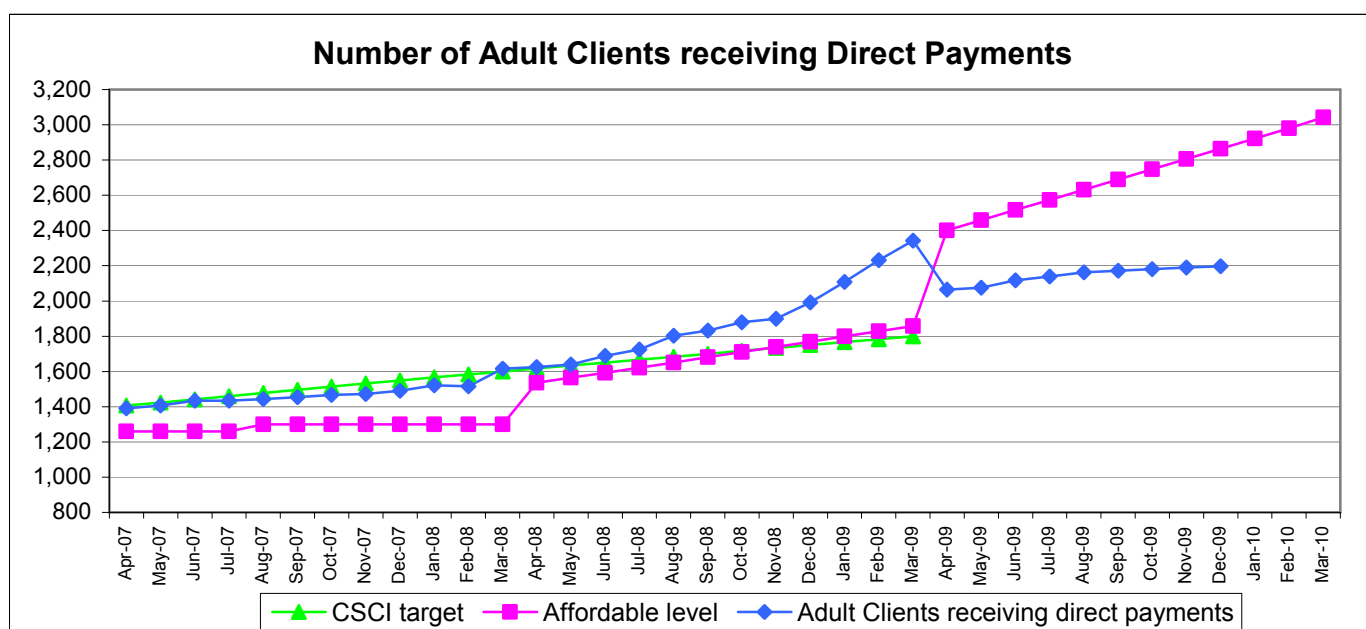


### Comments:

- The forecast unit cost of £566.87 is higher than the affordable cost of £544.31 and this difference of +£22.56 adds £379k to the position when multiplied by the affordable weeks as highlighted in section 1.1.3.2.d.
- The costs associated with these placements will vary depending on the complexity of each case and the type of support required in each placement. This varies enormously between a domiciliary type support to life skills and daily living support.

## 2.6 Direct Payments – Number of Adult Social Services Clients receiving Direct Payments:

	2007-08			2008-09			2009-10	
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments
April	1,406	1,259	1,390	1,617	1,535	1,625	2,400	2,065
May	1,424	1,259	1,407	1,634	1,564	1,639	2,458	2,076
June	1,442	1,259	1,434	1,650	1,593	1,689	2,516	2,097
July	1,460	1,259	1,434	1,667	1,622	1,725	2,574	2,118
August	1,478	1,299	1,444	1,683	1,651	1,802	2,632	2,139
September	1,496	1,299	1,454	1,700	1,681	1,832	2,690	2,179
October	1,514	1,299	1,467	1,717	1,710	1,880	2,748	2,182
November	1,532	1,299	1,472	1,734	1,740	1,899	2,806	2,199
December	1,549	1,299	1,491	1,750	1,769	1,991	2,864	2,247
January	1,566	1,299	1,522	1,767	1,799	2,108	2,922	
February	1,583	1,299	1,515	1,783	1,828	2,231	2,980	
March	1,600	1,299	1,615	1,800	1,857	2,342	3,042	



#### Comments:

- From April 2008, the national measure for direct payments counted the permanent placements and the number of one-off payments within the year. The position reported for March 2009 represented the total activity for 2008-09 i.e. of the 2,342 adult clients reported as receiving a direct payment, 2,055 were in receipt of ongoing payments and 287 were clients that had received one-off payments at some point throughout the year. From April 2009, we have gone back to again reporting only the permanent placements in line with the requirements for Core Monitoring. For purposes of comparison, the ongoing placements as at March were 2,055, as at December this had increased to 2,247. The affordable level of 2,864 for December assumes 2,315 on-going placements and 549 one-off payments, therefore as at December we are 68 placements below the affordable level for on-going placements across all client groups.  
It should be noted that the actual clients reported for April, May and June in the September Cabinet report included one-off payments and these have now been excluded so that only on-going clients are included. Also figures will have been revised to take account of changes to Swift (client activity system) on the basis of ongoing data quality validation and changing client circumstances.
- From 2009-10, we no longer have a CSCI target for direct payments.

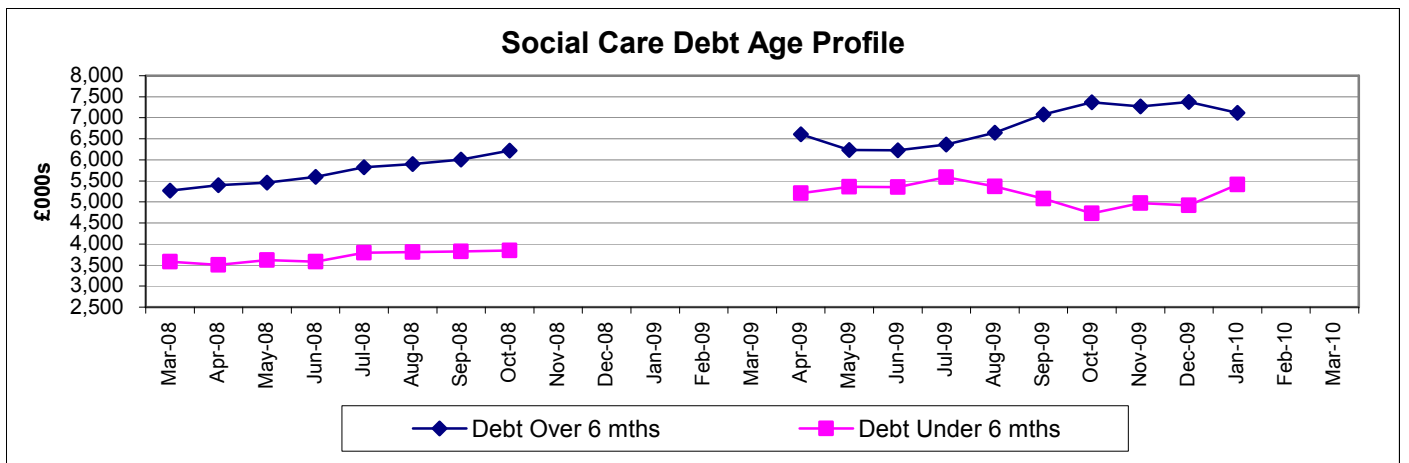
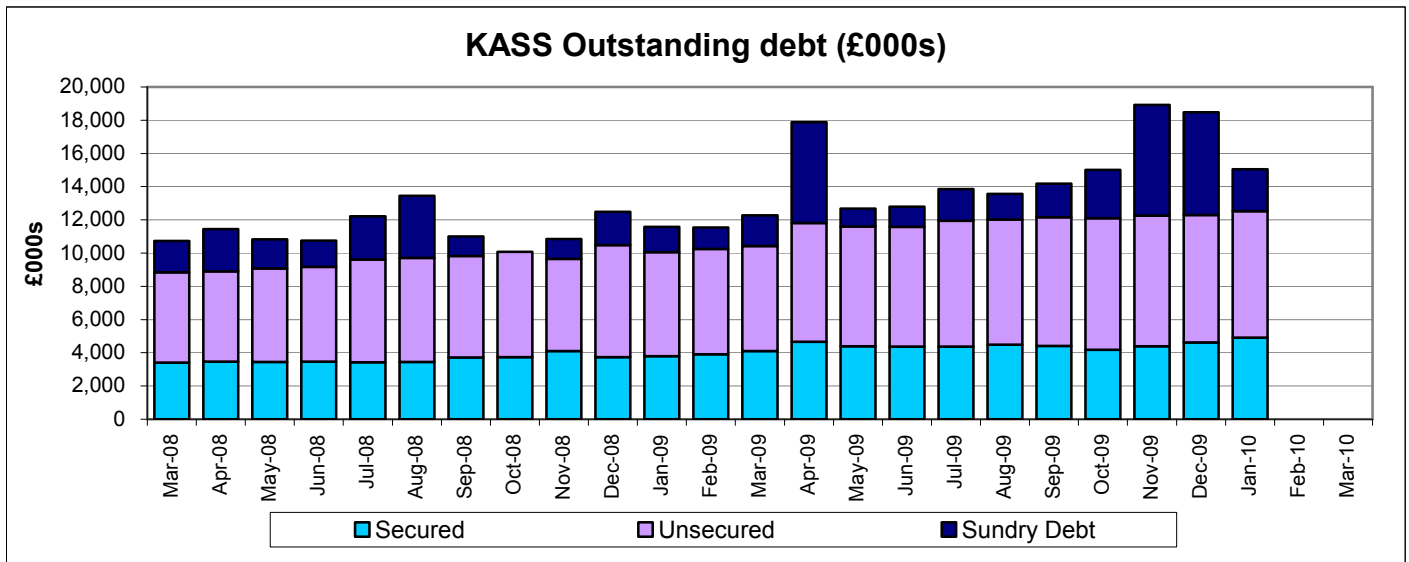
### 3. KASS OUTSTANDING DEBT

The outstanding debt as at January was £15.1m excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this is £12.5m relating to Social Care (client) debt and the following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. It also means that as the Directorate moved onto the new Client Billing system in October 2008, the balance will differ from that reported by Corporate Exchequer who report on a calendar month basis, apart from the period November 2008 to March 2009, when the figures are based on calendar months, as provided by Corporate Exchequer, because reports at that time were not aligned with the four weekly billing runs. From April 2009 the debt figures revert back to being on a four weekly basis to coincide with invoice billing runs. The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became "new" for purposes of reporting therefore it was not possible to show ageing until April.

Debt Month	Social Care Debt						
	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Mar-08	10,727	1,882	8,845	5,268	3,577	3,410	5,435
Apr-08	11,436	2,531	8,905	5,399	3,506	3,468	5,437
May-08	10,833	1,755	9,078	5,457	3,621	3,452	5,626
Jun-08	10,757	1,586	9,171	5,593	3,578	3,464	5,707
Jul-08	12,219	2,599	9,620	5,827	3,793	3,425	6,195
Aug-08	13,445	3,732	9,713	5,902	3,811	3,449	6,264
Sep-08	11,004	1,174	9,830	6,006	3,824	3,716	6,114
Oct-08	*	*	10,071	6,223	3,848	3,737	6,334
Nov-08	10,857	1,206	9,651			4,111	5,540
Dec-08	12,486	2,004	10,482			3,742	6,740
Jan-09	11,575	1,517	10,058			3,792	6,266
Feb-09	11,542	1,283	10,259			3,914	6,345
Mar-09	12,276	1,850	10,426			4,100	6,326
Apr-09	17,874	6,056	11,818	6,609	5,209	4,657	7,161
May-09	12,671	1,078	11,593	6,232	5,361	4,387	7,206
Jun-09	12,799	1,221	11,578	6,226	5,352	4,369	7,209
Jul-09	13,862	1,909	11,953	6,367	5,586	4,366	7,587
Aug-09	13,559	1,545	12,014	6,643	5,371	4,481	7,533
Sep-09	14,182	2,024	12,158	7,080	5,078	4,420	7,738
Oct-09	15,017	2,922	12,095	7,367	4,728	4,185	7,910
Nov-09	18,927	6,682	12,245	7,273	4,972	4,386	7,859
Dec-09	18,470	6,175	12,295	7,373	4,922	4,618	7,677
Jan-10	15,054	2,521	12,533	7,121	5,412	4,906	7,627
Feb-10							
Mar-10							

\* In October 2008, KASS Social Care debt transferred from the COLLECT system to Oracle. The new reports were not available at this point, hence there is no data available for this period. The October Social Care debt figures relate to the last four weekly billing run in the old COLLECT system.

Overall Social Care Due Debt has increased by £438k since the last full monitoring report to Cabinet in November, although all of this is secured, and the amount of debt that is unsecured has reduced. The amount of sundry debt increased significantly in November and December due to two large invoices to Health secured through Section 256 agreements, which have now been paid.



\* The age of debt cannot be completed for the months between November 2008 and March 2009 as the switch to Client Billing meant that all debts transferring on to the new system became “new” for purposes of reporting therefore it was not possible to show ageing until April (i.e. once these debts became 6 months old in the new system).