

KENT ADULT SOCIAL SERVICES DIRECTORATE SUMMARY OCTOBER 2010-11 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” i.e. 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 a number of 100% grants (i.e. grants which fully fund the additional costs) awarded since the budget was set.

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

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Adult Services portfolio							
Older People:							
- Residential Care	87,616	-33,310	54,306	1,367	-371	996	Demographic pressure; staff cover for in-house; additional client/health income
- Nursing Care	45,690	-21,078	24,612	777	-896	-119	Forecast activity slightly below affordable level
- Domiciliary Care	47,498	-10,044	37,454	36	92	128	Activity in independent sector in excess of affordable offset by underspend on in-house
- Direct Payments	5,062	-532	4,530	425	-26	399	Demographic and placement pressures
- Other Services	24,509	-7,459	17,050	-872	83	-789	WSD underspend; uncommitted grants; small underspends on a number of lines
Total Older People	210,375	-72,423	137,952	1,733	-1,118	615	
People with a Learning Disability:							
- Residential Care	72,361	-19,794	52,567	2,331	513	2,844	Demographic and placement pressures
- Domiciliary Care	7,827	-1,556	6,271	-384	-51	-435	Forecast activity and price below affordable level
- Direct Payments	7,865	-143	7,722	436	-94	342	Demographic and placement pressures
- Supported Accommodation	26,230	-15,556	10,674	499	70	569	some demographic and placement pressures
- Other Services	21,268	-897	20,371	-2,207	33	-2,174	Releasing of Managing Director's contingency to offset overall pressure; uncommitted grant funding; number of savings
Total People with a LD	135,551	-37,946	97,605	675	471	1,146	
People with a Physical Disability							
- Residential Care	12,526	-1,951	10,575	528	295	823	Demographic and placement pressures
- Domiciliary Care	7,661	-449	7,212	388	30	418	Demographic pressures

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
- Direct Payments	7,132	-249	6,883	974	-101	873	Demographic and placement pressures
- Supported Accommodation	394	-8	386	59	-14	45	
- Other Services	5,594	-685	4,909	-97	3	-94	
Total People with a PD	33,307	-3,342	29,965	1,852	213	2,065	
All Adults Assessment & Related	37,343	-2,071	35,272	96	3	99	
Mental Health Service							
- Residential Care	6,416	-882	5,534	908	205	1,113	Forecast activity in excess of affordable level; increased proportion of S117 clients who do not contribute to costs
- Domiciliary Care	623	0	623	-57	0	-57	
- Direct Payments	606	0	606	-78	0	-78	
- Supported Accommodation	542	-107	435	194	-19	175	Demographic pressures
- Assessment & Related	10,001	-876	9,125	-341	90	-251	Vacancy management; difficulties in recruiting
- Other Services	7,180	-902	6,278	-610	-90	-700	Releasing of Managing Director's contingency/ other uncommitted monies to offset overall pressure
Total Mental Health Service	25,368	-2,767	22,601	16	186	202	
Gypsy & Traveller Unit	662	-333	329	60	-55	5	
People with no recourse to Public Funds	100	0	100	0	0	0	
Strategic Management	1,222	0	1,222	-98	0	-98	
Strategic Business Support	24,716	-2,050	22,666	-1,390	-92	-1,482	Uncommitted funding held by Managing Director; vacancy management; non pay savings; grant funded posts
Support Services purchased from CED	6,787	0	6,787	29	0	29	
Specific Grants		-9,910	-9,910	0	0	0	
Total Adult Services controllable	475,431	-130,842	344,589	2,973	-392	2,581	
Assumed Management Action				-2,581		-2,581	
Forecast after Mgmt Action				392	-392	0	

1.1.3 Major Reasons for Variance: *[provides an explanation of the 'headings' in table 2]*

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 General Comment

Winter brings an increased level of pressure to the health and social care community. Seasonal variations in illness have historically resulted in increased emergency admissions and length of stay in hospital during the winter months with pressures peaking between December and March. Although the winter peak in demand is generally no worse than summer, the increased demand occurs alongside peaks in seasonal flu, swine flu and norovirus. This will lead to increased pressure for services from KASS and we expect to see increased levels of activity over the next few months, which is reflected in the forecast outturn.

1.1.3.2 Older People:

The overall position for services for Older People is a net pressure of £615k.

a. Residential Care

This line is reporting a gross pressure of £1,367k, and an over recovery of income of £371k, leaving a net pressure of £996k. As at September, there were 2,817 permanent clients in independent sector care compared with 2,751 in March, an increase of 66. The forecast for independent sector residential care is 159,125 weeks against an affordable level of 155,351 which is 3,774 more than budget. Using the forecast unit cost of £388.46 this increased level of activity generates a pressure of £1,466k. In addition the forecast unit cost is £1.45 lower than the affordable which results in a saving of £226k. Using the forecast unit income of £161.09 this increased level of activity generates additional income of £608k. In addition the forecast unit income is £3.20 lower than the affordable which results in a pressure of £497k.

The overall attrition rate within residential has been low during the first half of the year although it is expected that it will rise over the winter. The number of clients with dementia continues to cause concern as we have seen a net increase of 67 clients with the number of other residential clients actually reducing by one (net). Increased activity within the independent sector also results from not placing clients into permanent care within our own homes whilst the consultation on modernisation of Older People's care is taking place; however conversely there will be some reduction in respite care as we seek to maximise the spare capacity in-house for non-permanent placements. It should also be noted that where possible we seek to place people into residential care rather than nursing so there is some off-set of the pressure identified here against that line.

The forecast for Preserved Rights clients is showing minor variances on both gross and income.

Internal provision, including integrated care centres, is showing a forecast pressure of £126k against gross, primarily as a result of the continuing need to cover sickness and absence with agency staff in order to meet care standards. There will also be some reduction in cost because as mentioned above we are not placing anyone permanently in the homes affected by the consultation. There is an over-recovery in income of £236k of which £166k relates to additional recharges to health.

b. Nursing Care

This line is reporting a gross pressure of £777k, and an over recovery of income of £896k, leaving a net underspend of £119k. The number of permanent clients in independent sector placements has increased to 1,405 in September compared to the 1,374 reported in March, an increase of 31 clients. The forecast position is 79,029 weeks of care against an affordable level of 79,199 which is 170 less than affordable. The small underspend also results from the intention to place people into residential care rather than nursing care. As with residential the low level of attrition also remains an issue although it is expected to increase over the winter months. Using the forecast unit cost of £472.28 the reduced level of activity generates a saving of £80k. In addition the forecast unit cost is £2.27 higher than the affordable which results in a pressure of £180k. Using the forecast unit income of £163.48 this reduced level of activity creates a pressure of £28k. In addition the forecast unit income is £5.17 higher than the affordable which results in an over-recovery of £410k

Increased cost and activity for Registered Nursing Care Contribution clients is resulting in a forecast pressure of £544k, however this is completely off-set with additional income from health, meaning a net nil position for this service.

The remaining £133k pressure is due to small pressures, below £100k, against both activity and price on Preserved Rights, as well as a small increase in the bad debt provision.

c. Domiciliary Care

This line is reporting a gross overspend of £36k, and an under recovery of income of £92k, giving a net pressure of £128k. Domiciliary care continues to be the most difficult to forecast as there is a constant and significant churn in activity; the continuing trend in the number of clients remains volatile and the number receiving a domiciliary care package from the independent sector remains below the average of last year. The number of clients in receipt of a package through the independent sector in September was 6,216 compared with 6,227 clients in March. The forecast position is 2,530,908 hours of care which is 54,362 more than budgeted for. Using the forecast unit cost of £15.435 this increased level of activity generates a pressure of £839k. In addition the forecast unit cost is £0.017 lower than the affordable which results in a saving of £42k There is

also a significant underspend of £572k relating to the in-house domiciliary service as the number of clients remains well below that afforded within the budget. There are also underspends against block contracts, extra care, and enablement, individually below £100k, but together totalling £217k.

d. Direct payments

This line is reporting a gross pressure of £425k, and an over recovery of income of £26k. Increasing client numbers mean that the forecast activity is 804 weeks higher than affordable. Using the average weekly cost of £131.96 this additional activity creates a pressure of £106k. The average cost is also £6.42 higher than affordable leading to an additional pressure of £255k. There is also a small pressure on one-off direct payments, e.g. for equipment.

e. Other Services

This line is reporting a gross underspend of £872k, and an under recovery of income of £83k. This line covers a range of services, including day-care, meals, payments to voluntary organisations and occupational therapy, although individually below £100k, these services are reporting a collective underspend of £227k. A further £315k of underspend relates to the Whole System Demonstrator base funding, which was provided because it was expected that the remaining amount of health funding would be insufficient to meet this year's costs. Fortunately the most recent forecast suggests that base budget funding will not now be required in 2010/11, and will instead be funded by the savings found through management actions driving down the cost of equipment & installations. There is also £330k of funding that was identified as uncommitted following a review of all grants in light of potential in-year cuts from Government and this is being used to offset the overall pressure.

1.1.3.3 **People with a Learning Disability:**

The overall position for services for Learning Disabled is a net pressure of £1,146k. However, as described further on in this section, this position is mitigated by underspends within Other Services without which the pressure would be over £3m. Services for this client group remain under extreme pressure, particularly within residential care as a result of both demographic and placement price pressures. This includes 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. There are also increasing numbers of older learning disabled clients who are cared for at home by ageing parents who will begin to require more support. Cases of clients becoming/ or who could become "ordinarily resident" in Kent continue to be a problem. 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 a number of clients, and we are still contesting a number of other applications. The issue of ordinary residence is under discussion 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

This line is reporting a gross pressure of £2,331k with an under recovery of income of £513k, giving a net pressure of £2,844k. Details of the individual pressures and savings contributing to this position are provided below.

The number of clients has increased from 632 in March to 697 in September however this includes the transfer of a further 34 clients since quarter 1 from Health under Section 256 arrangements. This is part of the overall transfer of responsibility for most Learning Disability placements from Health. These clients are 100% funded by Health and gross and income cash limits have been realigned to reflect this.

The forecast position for independent sector residential care is 37,757 weeks of care against an affordable level of 36,593 which is 1,164 more than affordable. Using the forecast unit cost of £1,237.49 this increased level of activity generates a pressure of £1,440k. In addition the forecast unit cost is £29.91 higher than the affordable which results in a pressure of £1,094k. This level of activity, using the forecast unit income of £337.77, generates additional income of £393k. In addition the forecast unit income is £1.85 lower than the affordable which results in an under-recovery of £68k.

For preserved rights, the forecast position is 31,038 weeks of care against an affordable level of 31,414 which is 376 less than affordable. Using the forecast unit cost of £805.63 this reduced level of activity generates a saving of £303k. In addition the forecast unit cost is £0.35 higher than the affordable which results in a pressure of £11k. Using the forecast unit income of £205.19 this reduced level of activity creates an under recovery of income of £77k. In addition the forecast unit income is £21.41 lower than the affordable which results in a pressure of £673k.

There is a small pressure on in-house provision, primarily due to the continuing need to cover sickness and absence with agency staff in order to meet care standards, and additional 1 to 1 support being provided. There are also small variances on in-house income lines.

b. Domiciliary Care

This line is reporting a gross underspend of £384k, and an over-recovery of income of £51k. The forecast position for independent sector provision is 326,972 hours of care against an affordable level of 351,968 which is 24,996 less than affordable. Using the forecast unit cost of £11.76 this reduced level of activity generates a saving of £294k. In addition the forecast unit cost is £0.22 lower than the affordable which results in a saving of £77k. The effect of this on income is an over recovery of £79k.

There are also small saving on gross on other domiciliary lines including extra care sheltered housing and independent living scheme.

c. Direct payments

This line is reporting a gross pressure of £436k, and an over recovery of income of £94k. Forecast activity is 169 weeks under the budgeted level of 34,219 which when multiplied by the average weekly cost of £240.26 results in an underspend of £41k. However the average cost is £13.87 higher than affordable leading to a pressure of £474k. There is also a small variance against one-off direct payments, e.g. for equipment.

d. Supported Accommodation

The current position is a gross pressure of £499k and an under recovery of income of £70k giving a net pressure of £569k. The number of clients having increased from 309 in March to 408 in June and then to 478 in September with the increase almost solely relating to the further transfer of clients from Health under Section 256 arrangements. The gross and income cash limits have been realigned to reflect this further transfer of clients and 100% funding from Health. The current forecast is 775 weeks more than the affordable level of 24,851 creating a pressure of £768k which primarily relates to non-Section 256 clients. This is based on a forecast unit cost of £991.20, although within this are three distinct groups of clients: Section 256 clients, Ordinary Residence clients and other clients. Each client group has a very different unit cost, which when combined give this average forecast unit cost of £991.20. This combined forecast unit cost is £11.12 less than affordable, which reduces the pressure by £276k. Both the affordable and forecast unit costs have increased significantly from last year as a result of the placements transferred from Health under S256 arrangements due to the high cost of these placements. However it should also be noted that both the affordable and forecast unit costs have reduced significantly from those reported in Quarter 1 as a result of two changes. Firstly affordable and forecast activity now includes Ordinary Residence clients and secondly, much of supported accommodation is delivered through a supported living type arrangement which is counted in hours and not weeks. For the purposes of this report the average hours at that point in time are taken and used to convert the activity into weeks. This can fluctuate and in Quarter 1 a slightly higher hours per week figure was used to calculate the weeks which resulted in higher unit costs and lower forecast weeks. The Quarter 2 average is lower meaning an increase in the weeks forecast and lower average unit costs.

There are also small variances against group homes and the adult placement scheme.

It should be noted that the Residential Change Strategy is encouraging many small residential providers to move to providing supported accommodation giving people more choice and opportunities to remain within the community rather than live in a residential environment.

e. Other Services

This line is reporting a gross underspend of £2,207k, and an under recovery of income of £33k. The gross underspend includes the release of £830k Contingency held by the Managing Director, as well as £846k of uncommitted grant monies used to offset the overall pressure within this client group. There is also an underspend of £209k in supported employment, £113k of this is due to some activities being transferred to the private sector, with the remaining £96k made up of several other small underspends. This is partially offset by an under-recovery in income of £52k. The remaining underspend of £322k has been found primarily by further savings and reductions in the remaining services, including day-care and payments to voluntary organisations, through a range of changes to the cost and length of some contracts, together with savings on salaries, expenses and running costs; individually the savings are each under £100k.

1.1.3.4 **People with a Physical Disability:**

Overall the position for this client group is a net pressure of £2,065k. Services for this client group remain under pressure as a result of demographic and placement price pressures, and difficulties in forecasting remain, e.g. the number of road traffic accidents.

a. Residential Care

The overall forecast for residential care, including preserved rights clients, is a pressure on gross of £528k and an under recovery of income of £295k. Although the number of clients reduced to 218 in June from 222 in March, it has now increased back to 222 in September. The forecast assumes 598 weeks more than is affordable giving a pressure of £529k. The actual unit cost is £885.21 which is £7.55 higher than the affordable which increases the pressure by £92k. The additional client weeks add £60k of income to the position however the income per week is less than the level expected which causes a pressure of £327k.

The forecast number of client weeks of service provided to Preserved Rights clients is 128 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 £109k and the unit cost is slightly lower than the affordable level which further reduces the position by £45k. The reduced activity and a lower average of income per week means an under-recovery in income of £85k.

Increased cost and activity for Registered Nursing Care Contribution clients is resulting in a forecast pressure of £62k, however this is completely off-set with additional income from health, meaning a net nil position for this service.

b. Domiciliary Care

This budget is reporting a gross pressure of £388k, and an under-recovery of income of £30k. The forecast position for independent sector provision is 590,488 hours of care against an affordable level of 556,354 which is 34,134 more than affordable. Using the forecast unit cost of £12.48 this increased level of activity generates a pressure of £426k. In addition the forecast unit cost is £0.06 lower than the affordable which results in a saving of £34k. There are minor variances against the other domiciliary budgets.

c. Direct Payments

This line is reporting a gross pressure of £974k, and an over recovery of income of £101k. Client numbers continue to increase meaning that the forecast activity of 40,964 weeks is 1,497 weeks higher than affordable. Using the average weekly cost of £193.46 this additional activity creates a pressure of £290k. The average cost is also £15.55 higher than affordable leading to an additional pressure of £614k. There is also a small pressure on one-off direct payments, e.g. for equipment.

1.1.3.5 **Mental Health**

The overall position for Mental Health is a net pressure of £202k.

a. Residential Care

The forecast for residential care, including preserved rights clients, is a pressure on gross of £908k and an under recovery of income of £205k. The affordable level for non-preserved rights

was previously reduced following the decision 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 intention to keep clients in the community remains, so budgets have been left as they are rather than adjusted back. The result is a forecast which is 1,957 weeks more than is affordable at a cost of £1,058k. The actual unit cost is £540.71 which is £8.69 lower than the affordable which reduces the pressure by £77k. 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 £199k to the pressure.

There are small variances against gross and income for both preserved rights and Registered Nursing Care Contribution clients.

b. Supported Accommodation

The current position is £194k pressure on gross; the forecast assumes 560 weeks more than budget which at an average cost per week generates a £193k pressure, and there is an additional pressure of £1k as the unit cost is marginally higher than budget.

c. Assessment & Related

An underspend of £341k on gross expenditure is being forecast which in part results from vacancy management but also from difficulties in recruiting qualified social work staff. Savings also accrue from difficulties experienced in recruiting to senior positions for joint health/social care posts.

d. Other Services

This line is showing an underspend on gross of £610k following the release of £520k of Contingency and other uncommitted funding held by the Managing Director to offset the overall pressure within this client group. The balance of the underspend on gross is made up of small variances against day-care, payments to voluntary organisations, and community services. There is a small over-recovery in income of £90k.

1.1.3.6 **Strategic Business Support:**

This line is forecasting a significant underspend of £1,390k against gross expenditure with a small over recovery in income of £92k. Of the gross underspend £250k relates to funding that was declared as uncommitted following a review of all grants in light of potential in-year cuts from Government and this is being used to offset the overall pressure. There have also been significant savings in a number of areas including: £555k of vacancy management through continuing to hold posts vacant and delaying the recruitment process, £132k of printing, stationery, rent and room hire and reduced Girobank charges, and £153k of posts funded externally and not backfilled, a further £232k of other management actions including reducing project fees. The remaining balance of £68k is made up of numerous small savings. The over recovery of income is primarily due to £71k of extra income generated for Moving & Handling training, along with numerous smaller income variances.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

(shading denotes that a pressure has an offsetting saving, which is directly related, or vice versa)

There are a number of savings which are referred to in section 1.1.3 above which are grouped together such as £217k within Older People Domiciliary, £227k within Older People Other Services and £322k within Learning Disability Other Services which do not appear in the table below as individually the savings are all below £100k. Therefore overall the net position in table 2 (+£3,484k) is significantly greater than the overall net position presented in table 1 (+£2,581k).

Pressures (+)			Underspends (-)		
Portfolio		£'000	Portfolio		£'000
KASS	OP Residential Gross - Independent Sector Activity higher than affordable	+1,466	KASS	LD Other Services Gross - uncommitted grant funding following review	-846
KASS	LD Residential Gross - Independent Sector Activity higher than affordable	+1,440	KASS	LD Other Services Gross - Release of Managing Directors Contingency	-830
KASS	LD Residential Gross - Independent Sector Unit Cost higher than affordable	+1,094	KASS	OP Residential Income - Independent Sector Activity higher than affordable	-608
KASS	MH Residential Independent Sector Gross - slower than anticipated switch to community based services	+1,058	KASS	OP Domiciliary Gross - In House - Number of Clients below affordable	-572
KASS	OP Domiciliary Gross - Independent Sector Activity higher than affordable	+839	KASS	Strategic Business Support Gross - vacancy management	-555
KASS	LD Supported Accommodation Gross - activity in excess of affordable	+768	KASS	OP Nursing Income - RNCC increased activity giving rise to increased health income	-544
KASS	LD Residential Income - Independent Sector average income lower than affordable	+673	KASS	MH Other Services Gross - released contingency & uncommitted funding	-520
KASS	PD Direct Payments Gross - Independent Sector Unit Cost higher than affordable	+614	KASS	OP Nursing Income - Independent Sector average income higher than affordable	-410
KASS	OP Nursing Gross - RNCC increased cost and activity	+544	KASS	LD Residential Income - Independent Sector Activity higher than affordable	-393
KASS	PD Residential Gross - Independent Sector Activity higher than affordable	+529	KASS	MH Assessment & Related Gross - vacancy management & problems in recruiting qualified care staff	-341
KASS	OP Residential Income - Independent Sector Unit Cost lower than affordable	+497	KASS	OP Other Services Gross - uncommitted grant funding following review	-330
KASS	LD Direct Payments Gross - Independent Sector Unit Cost higher than affordable	+474	KASS	OP Other Services Gross - Whole Systems Demonstrator Base Funding not required in 10/11	-315
KASS	PD Domiciliary Gross - Independent Sector Activity higher than affordable	+426	KASS	LD Residential Gross (Pres Rights) - Independent Sector Activity less than affordable	-303
KASS	PD Residential Income - Independent Sector average income lower than affordable	+327	KASS	LD Domiciliary Gross - Independent Sector Activity less than affordable	-294
KASS	PD Direct Payments Gross - Independent Sector Activity higher than affordable	+290	KASS	LD Supported Accommodation Gross - unit cost lower than affordable	-276
KASS	OP Direct Payments Gross - Independent Sector Unit Cost higher than affordable	+255	KASS	Strategic Business Support Gross - uncommitted grant funding following review	-250
KASS	MH Residential Independent Sector Income - increased number of clients falling under S117 who do not contribute to costs	+199	KASS	Strategic Business Support Gross - other management actions including reducing project fees	-232
KASS	MH Supported Accommodation Gross - activity in excess of affordable	+193	KASS	OP Residential Gross - Independent Sector Unit Cost less than affordable	-226
KASS	OP Nursing Gross - Independent Sector Unit Cost higher than affordable	+180	KASS	LD Other Services Gross - Kent Supported Employment	-209
KASS	OP Residential Gross - In House - Agency Staffing pressure	+126	KASS	OP Residential Income - In House - Additional recharges to Health	-166
KASS	OP Direct Payments Gross - Independent Sector Activity higher than affordable	+106	KASS	Strategic Business Support Gross - posts attracting external funding	-153

Pressures (+)			Underspends (-)		
Portfolio		£'000	Portfolio		£'000
			KASS	Strategic Business Support Gross - savings made on printing etc	-132
			KASS	PD Residential Gross (Pres Rights) - Independent Sector Activity less than affordable	-109
		+12,098			-8,614

1.1.4 Actions required to achieve this position:

The forecast pressure of £2,581k assumes that the savings identified within the MTP will be achieved and the Directorate remains confident that these savings will be achieved. 'Guidelines for Good Management Practice', also referred to below, are in place across the Directorate, and these, together with vacancy management, are anticipated to address the overall pressure.

1.1.5 Implications for MTP:

The MTP assumes a breakeven position for 2010-11.

The base budget implications of issues identified in this monitoring report will be a call on the amounts identified in the 2010/13 MTP as emerging pressures in 2011/12 and 2012/13. The details of individual amounts will be included when the revised plan is published for consultation in January 2011 together with any new pressures forecast for 2011/12 and 2012/13. The significant issues for the KASS portfolio arising from 2010/11 budget monitoring are related to demography.

It is assumed that the demographic pressures for KASS are likely to be £8.7m in future years. This is based on detailed calculations, on trends over the past year of increased clients and complexity. Clearly this will be reviewed on an on-going basis as part of the monitoring process.

The revised MTP will include proposals on how the in-year cuts in Government grants will be accommodated in base budgets once it has been confirmed that these reductions are permanent following the announcement of the provisional local government finance settlement for 2011/12 which we anticipate will be in late November/Early December. The revised plan will also include the strategy to address the likely reductions in funding over the lifetime of the current parliament following the Chancellor's emergency budget statement on 22nd June in which he outlined his plans to address the national budget deficit, and the Spending Review announcement on 20 October.

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: *[eg roll forward proposals; mgmt action outstanding]*

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. The Guidelines include ensuring all high cost placements and support packages are reviewed, plus a continued analysis and scrutiny of all requests for waiving of third party top ups to the cost of placements, and rigorous on-going panel arrangements. Furthermore the successful promotion and increased use of enablement continues to result in fewer people needing long term support. 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 £2,581k pressure by the end of the year.

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 since last reported to Cabinet on 11th October 2010, as detailed in section 4.1.

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

	Prev Yrs Exp £000s	2010-11 £000s	2011-12 £000s	2012-13 £000s	Future Yrs £000s	TOTAL £000s
Kent Adult Social Services portfolio						
Budget	4,176	9,714	10,117	4,170	1,541	29,718
Adjustments:						
-						0
Revised Budget	4,176	9,714	10,117	4,170	1,541	29,718
Variance		-1,574	991	0	-20	-605
split:						
- real variance		-605	0	0	0	-605
- re-phasing		-970	+990	0	-20	0
Real Variance	0	-605	0	0	0	-605
Re-phasing	0	-970	+990	0	-20	0

1.2.3 Main Reasons for Variance

Table 4 below, details all forecast capital variances over £250k in 2010-11 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	Approval to Spend	Approval to Plan	Preliminary Stage
			£'000s	£'000s	£'000s	£'000s
Overspends/Projects ahead of schedule						
			+0	+0	+0	+0
Underspends/Projects behind schedule						
KASS	Modernisation of LD Services	phasing			-680	
			0	-0	-680	-0
			-0	-0	-680	-0

1.2.4 Projects re-phasing by over £1m:

None

1.2.5 Projects with real variances, including resourcing implications:

There is a real variance of -£0.605m (in 2010-11) which is detailed as follows:

Asset Maintenance -£0.248m, Modernisation of Dementia Care -£0.152m and Public Access -£0.075m (all in 2010-11): these underspends are due to the projects no longer going forward, for which funding is no longer required.

Taking these into account there is an underlying variance of -£0.13m

1.2.6 General Overview of capital programme:**(a) Risks**

The risks linked to KASS must be similar to those felt throughout the Authority in this current financially suppressed climate. As a Directorate that works alongside many partners such as District Councils, Private/Voluntary Organisations and Primary Care Trusts (PCT) in order to provide the most comprehensive service delivery to our users, the risks to KASS are potentially compounded.

(b) Details of action being taken to alleviate risks

The Directorate continues to closely monitor those risks associated with our partnership working arrangements on a regular basis through Area Asset Management Boards which run alongside its over-arching capital strategy. However, the Directorate may not always be able to influence/control the final outcome.

1.2.7 PFI projects

The £44.3m investment in the PFI Excellent Homes for All project also represents investment by a third party. No payment will be made by KCC for the newly built assets until they are ready for use. Again this will be by way of an annual unitary charge to the revenue budget.

	Previous years	2010-11	2011-12	2012-13	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget		22,300	22,000		44,300
Forecast		22,300	22,000		44,300
Variance					

(a) **Progress and details of whether costings are still as planned (for the 3rd 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.

1.2.8 **Project Re-Phasing**

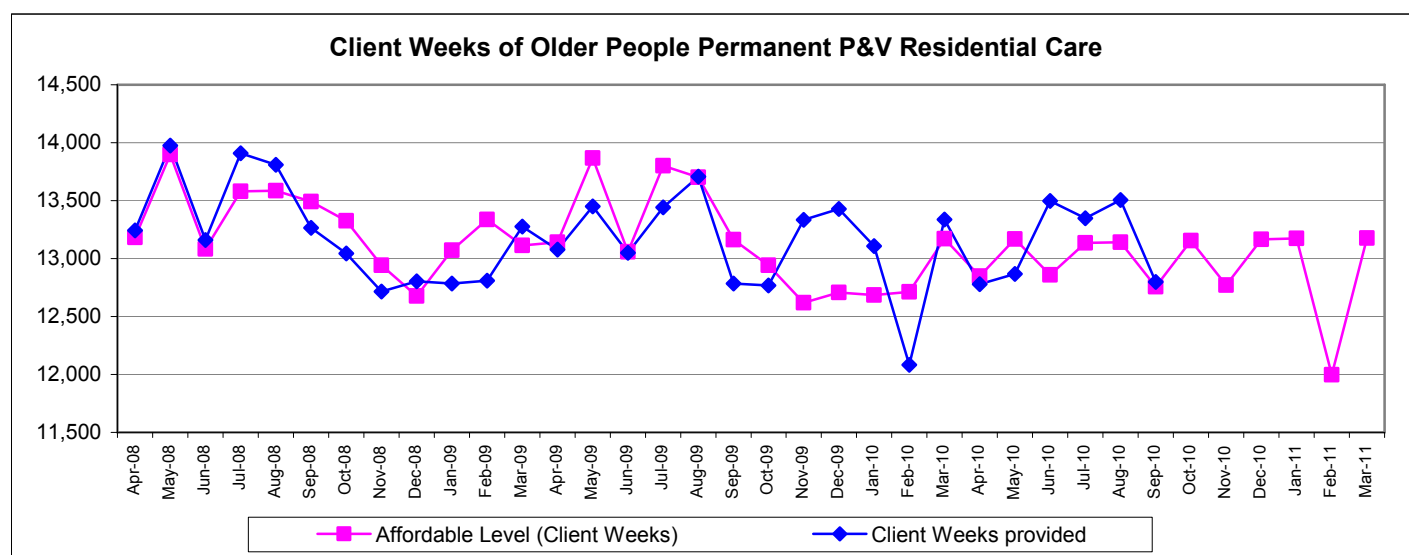
Cash limits are changed for projects that have re-phased by greater than £0.100m to reduce the reporting requirements during the year. Any subsequent re-phasing greater than £0.100m will be reported and the full extent of the rephasing will be shown. The proposed re-phasing is detailed in the table below.

	2010-11	2011-12	2012-13	Future Years	Total
	£k	£k	£k	£k	
Modernisation of Assets					
Amended total cash limits	+1,240	+2,535	+1,600	+1,541	+6,916
re-phasing	-680	+700		-20	0
Revised project phasing	+560	+3,235	+1,600	+1,521	+6,916
Total re-phasing >£100k	-680	+700	0	-20	0
Other re-phased Projects below £100k					
	-290	+290			
TOTAL RE-PHASING	-970	+990	0	-20	0

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

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

	2008-09		2009-10		2010-11	
	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided	Affordable Level (Client Weeks)	Client Weeks of older people permanent P&V residential care provided
April	13,181	13,244	13,142	13,076	12,848	12,778
May	13,897	13,974	13,867	13,451	13,168	12,867
June	13,084	13,160	13,059	13,050	12,860	13,497
July	13,581	13,909	13,802	13,443	13,135	13,349
August	13,585	13,809	13,703	13,707	13,141	13,505
September	13,491	13,264	13,162	12,784	12,758	12,799
October	13,326	13,043	12,943	12,768	13,154	
November	12,941	12,716	12,618	13,333	12,771	
December	12,676	12,805	12,707	13,429	13,167	
January	13,073	12,784	12,685	13,107	13,175	
February	13,338	12,810	12,712	12,082	11,998	
March	13,114	13,275	13,172	13,338	13,176	
TOTAL	159,287	158,793	157,572	157,568	155,351	78,795

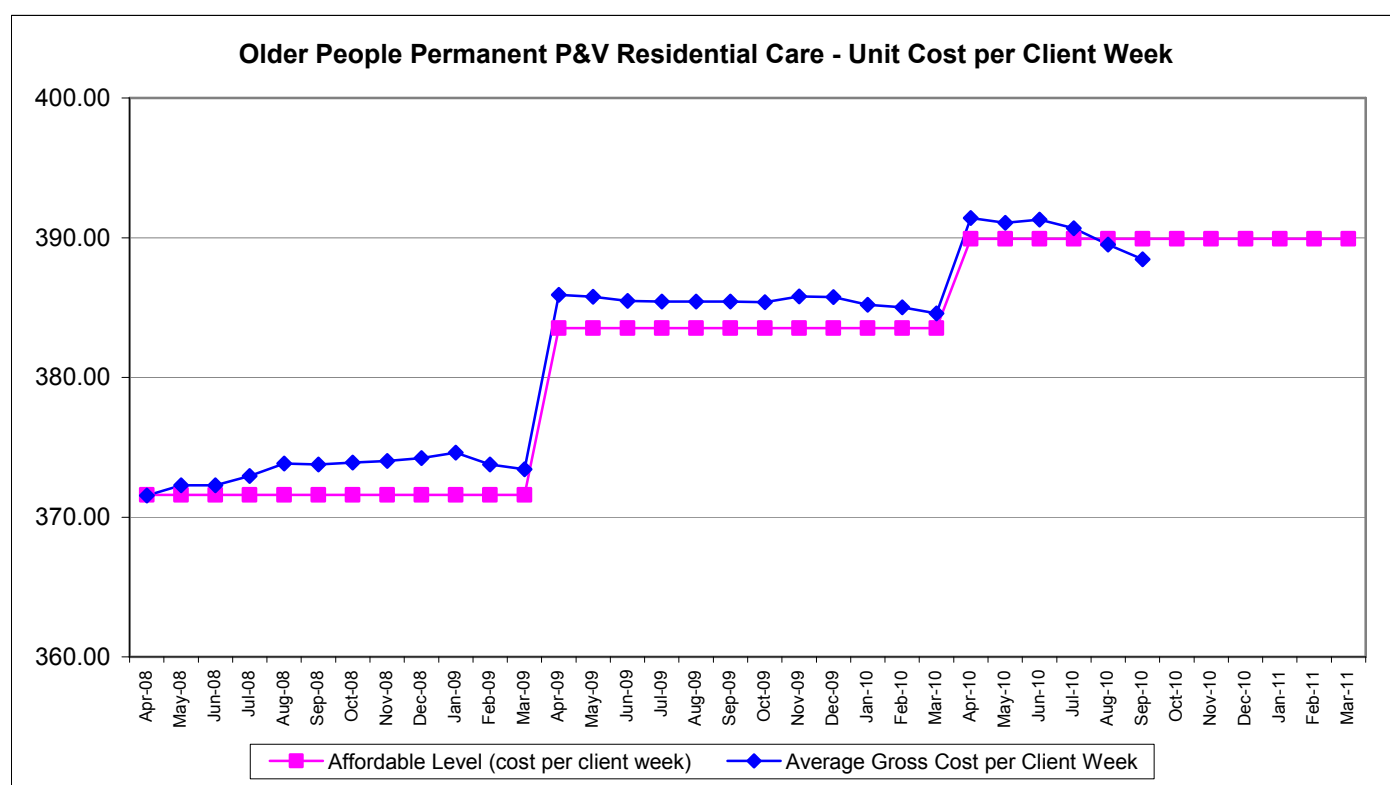


Comments:

- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- 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 2008-09 was 2,832, at the end of 2009-10 it was 2,751 and at the end of September 2010 it was 2,817. It is evident that there are ongoing pressures relating to clients with dementia. During this year, the number of clients with dementia has increased from 1,195 in March to 1,262 in September, and the other residential clients have decreased from 1,556 in March to 1,555 in September.
- The current forecast is 159,125 weeks of care against an affordable level of 155,351; a difference of +3,774 weeks. Using the forecast unit cost of £388.46 this increase in activity increases the forecast by £1,466k, as highlighted in section 1.1.3.2.a We are expecting an increase in both permanent clients, and non permanent episodes, which explains why the year to date (YTD) appears slightly low when compared to this forecast.
- To the end of September 78,795 weeks of care have been delivered against an affordable level of 77,910; a difference of +885 weeks.

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

	2008-09		2009-10		2010-11	
	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	371.60	371.54	383.52	385.90	389.91	391.40
May	371.60	372.28	383.52	385.78	389.91	391.07
June	371.60	372.27	383.52	385.47	389.91	391.29
July	371.60	372.94	383.52	385.43	389.91	390.68
August	371.60	373.84	383.52	385.44	389.91	389.51
September	371.60	373.78	383.52	385.42	389.91	388.46
October	371.60	373.91	383.52	385.39	389.91	
November	371.60	374.01	383.52	385.79	389.91	
December	371.60	374.22	383.52	385.76	389.91	
January	371.60	374.61	383.52	385.20	389.91	
February	371.60	373.78	383.52	385.01	389.91	
March	371.60	373.42	383.52	384.59	389.91	

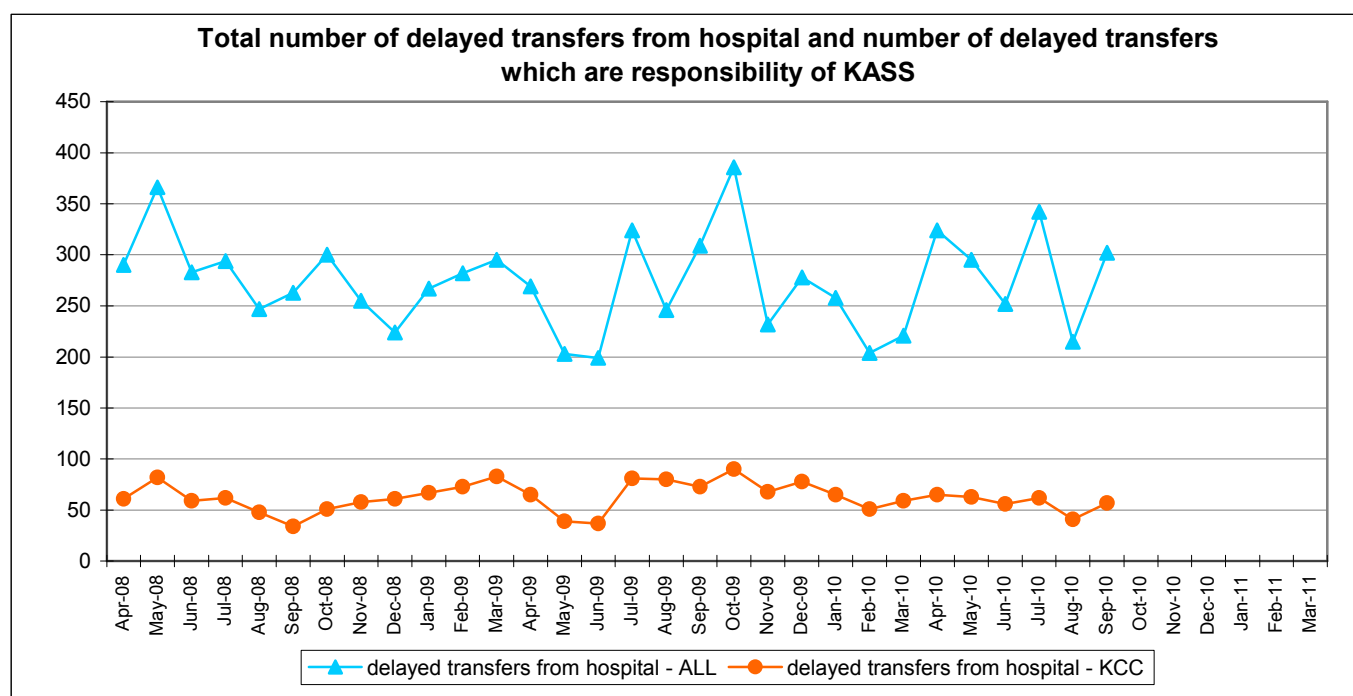


Comments:

- The forecast unit cost of £388.46 is higher than the affordable cost of £389.91 and this difference of +£1.45 creates a saving of £226k when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.a

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

	2008-09		2009-010		2010-11	
	ALL	KASS responsibility	ALL	KASS responsibility	ALL	KASS responsibility
April	290	61	269	65	324	65
May	366	82	203	39	295	63
June	283	59	199	37	252	56
July	294	62	324	81	342	62
August	247	48	246	80	215	41
September	263	34	309	73	302	57
October	300	51	386	90		
November	255	58	232	68		
December	224	61	278	78		
January	267	67	258	65		
February	282	73	204	51		
March	295	83	221	59		

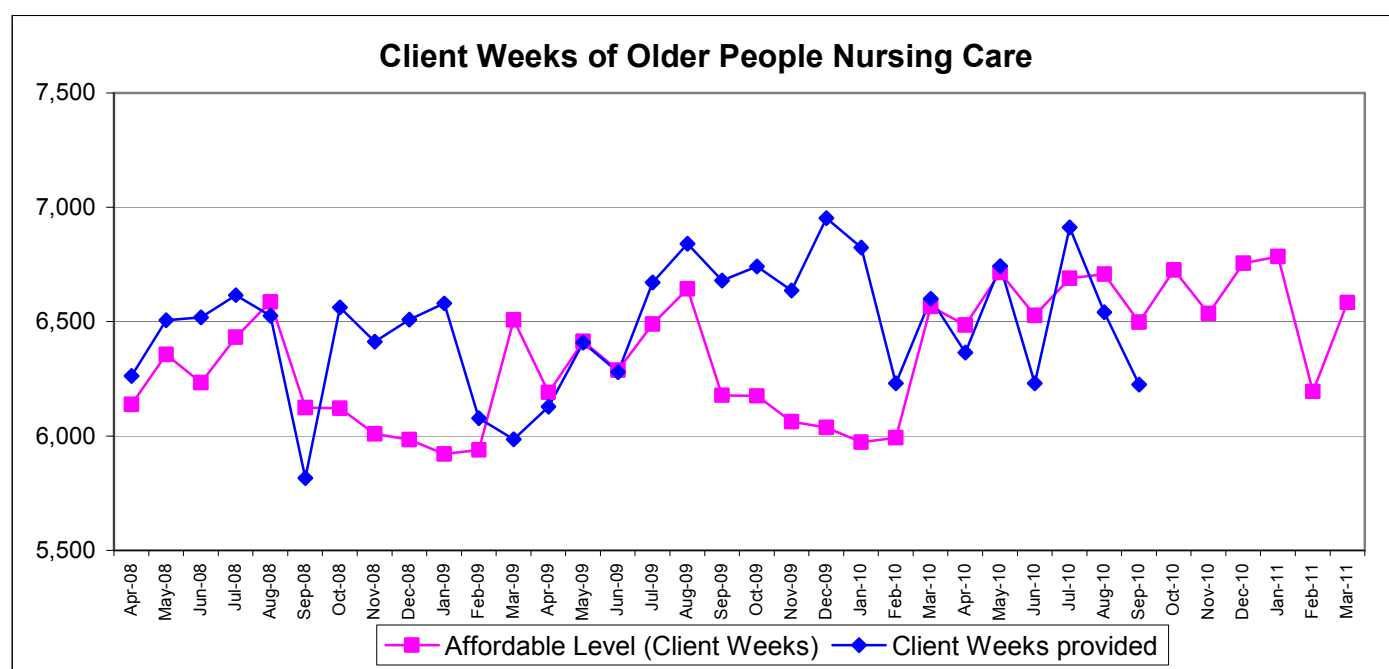


Comments:

- The Delayed Transfers of Care (DTCs) show the numbers of people whose movement from an acute hospital has been delayed. Generally, the main reasons for delay are 'Patient Choice' (just over 25%), with the reasons 'Awaiting non-acute NHS care' and 'Awaiting assessment' being the next highest (approx. 19% each). 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 the KASS hospital teams who monitor delayed discharges on a weekly basis and validate the figures with the Hospital Trust.

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

	2008-09		2009-10		2010-11	
	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	6,137	6,263	6,191	6,127	6,485	6,365
May	6,357	6,505	6,413	6,408	6,715	6,743
June	6,233	6,518	6,288	6,279	6,527	6,231
July	6,432	6,616	6,489	6,671	6,689	6,911
August	6,586	6,525	6,644	6,841	6,708	6,541
September	6,124	5,816	6,178	6,680	6,497	6,225
October	6,121	6,561	6,175	6,741	6,726	
November	6,009	6,412	6,062	6,637	6,535	
December	5,984	6,509	6,037	6,952	6,755	
January	5,921	6,580	5,973	6,824	6,784	
February	5,940	6,077	5,992	6,231	6,194	
March	6,507	5,985	6,566	6,601	6,584	
TOTAL	74,351	76,367	75,008	78,992	79,199	39,016



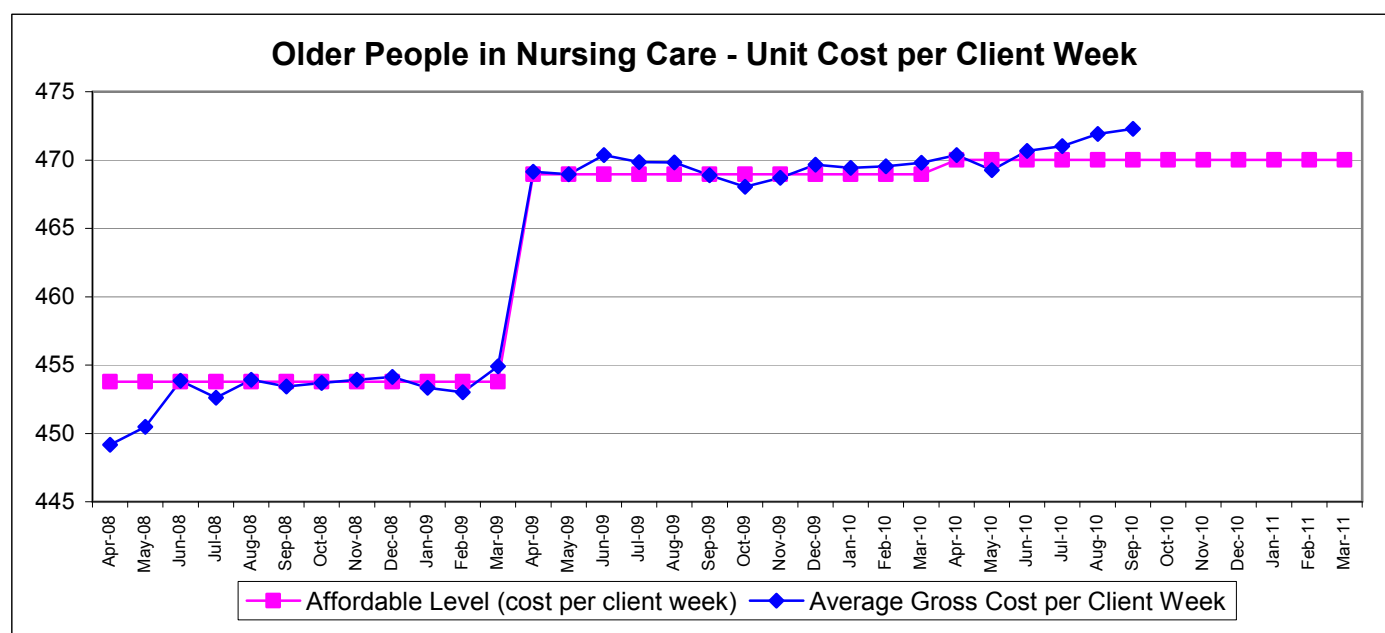
Comment:

- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- 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 2008-09 was 1,332, at the end of 2009-10 it was 1,374 and at the end of September 2010 was 1,405. In nursing care, there is not the same distinction between clients with dementia, as with residential care. The difference in intensity of care for nursing care and nursing care with dementia is not as significant as it is for residential care, where the increase of 31 clients is made up of 11 dementia clients and 20 other nursing care clients.
- The current forecast is 79,029 weeks of care against an affordable level of 79,199 a difference of -170 weeks. Using the forecast unit cost of £472.28, this reduction in activity reduces the forecast by £80k, as highlighted in section 1.1.3.2.b. We are expecting an increase in both permanent clients, and non permanent episodes in the second half of the year compared to the first, which explains why the year to date (YTD) appears slightly low when compared to this forecast.
- To the end of September 39,016 weeks of care have been delivered against an affordable level of 39,621, a difference of -605 weeks.

- 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:

	2008-09		2009-10		2010-11	
	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	453.77	449.18	468.95	469.15	470.01	470.36
May	453.77	450.49	468.95	468.95	470.01	469.27
June	453.77	453.86	468.95	470.37	470.01	470.67
July	453.77	452.61	468.95	469.84	470.01	471.03
August	453.77	453.93	468.95	469.82	470.01	471.90
September	453.77	453.42	468.95	468.88	470.01	472.28
October	453.77	453.68	468.95	468.04	470.01	
November	453.77	453.92	468.95	468.69	470.01	
December	453.77	454.13	468.95	469.67	470.01	
January	453.77	453.33	468.95	469.42	470.01	
February	453.77	453.02	468.95	469.55	470.01	
March	453.77	454.90	468.95	469.80	470.01	

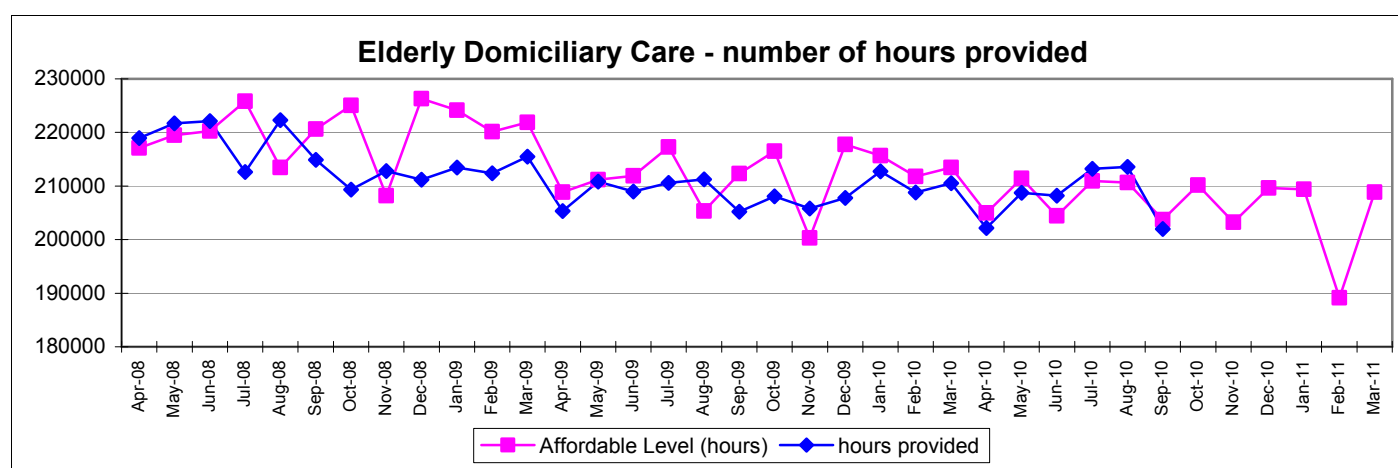
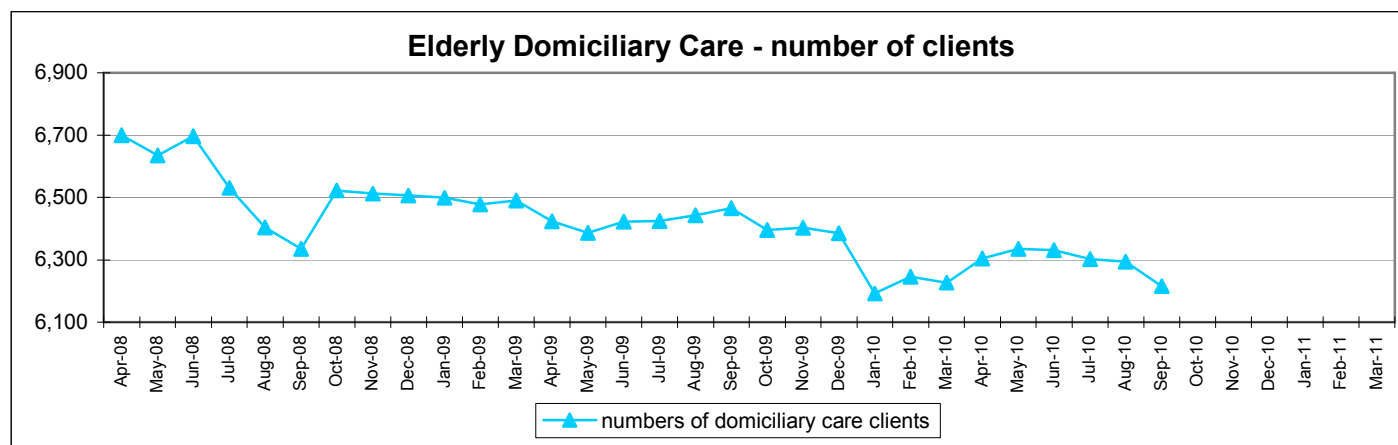


Comments:

- 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 £472.28 is higher than the affordable cost of £470.01 and this difference of +£2.27 adds £180k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.2.b

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

	2008-09			2009-10			2010-11		
	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	217,090	218,929	6,700	208,869	205,312	6,423	204,948	202,167	6,305
May	219,480	221,725	6,635	211,169	210,844	6,386	211,437	208,757	6,335
June	220,237	222,088	6,696	211,897	208,945	6,422	204,452	208,177	6,331
July	225,841	212,610	6,531	217,289	210,591	6,424	210,924	213,241	6,303
August	213,436	222,273	6,404	205,354	211,214	6,443	210,668	213,561	6,294
September	220,644	214,904	6,335	212,289	205,238	6,465	203,708	201,986	6,216
October	225,012	209,336	6,522	216,491	208,051	6,396	210,155		
November	208,175	212,778	6,512	200,292	205,806	6,403	203,212		
December	226,319	211,189	6,506	217,749	207,771	6,385	209,643		
January	224,175	213,424	6,499	215,686	212,754	6,192	209,387		
February	220,135	212,395	6,478	211,799	208,805	6,246	189,143		
March	221,875	215,488	6,490	213,474	210,507	6,227	208,869		
TOTAL	2,642,419	2,587,139		2,542,358	2,505,838		2,476,546	1,247,889	



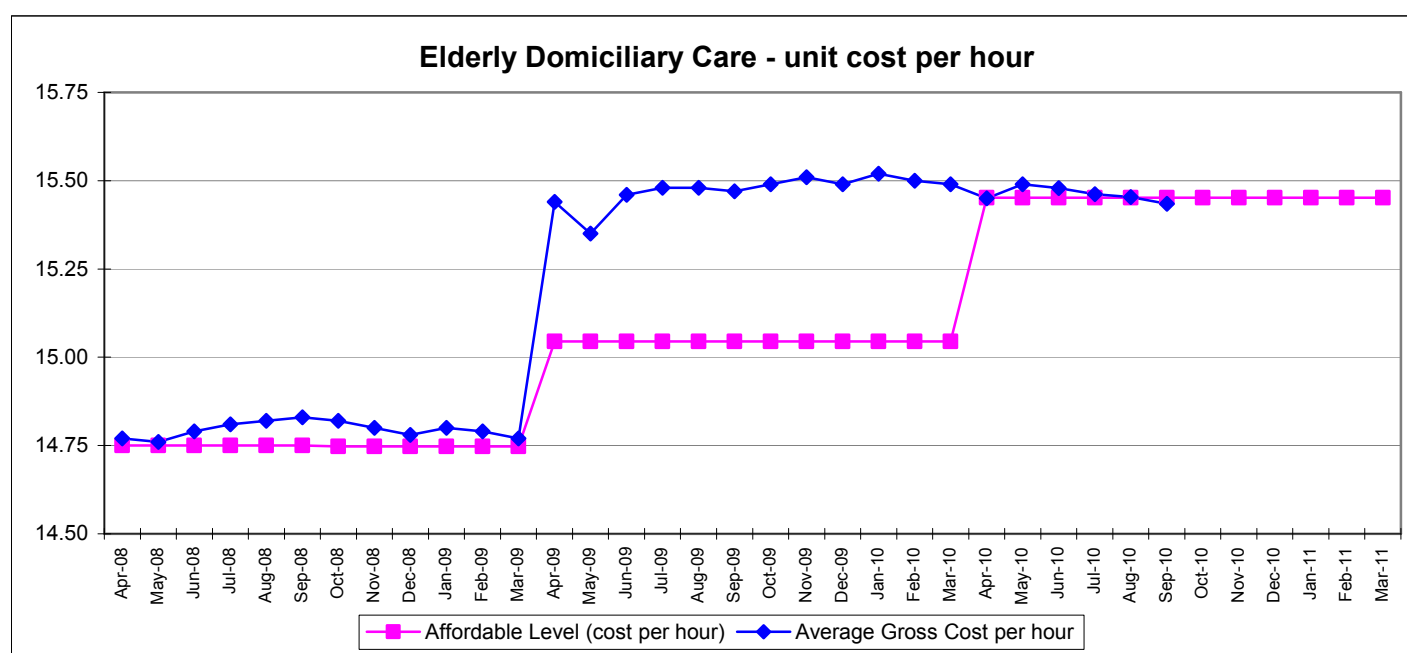
Comment:

- Actual hours of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- Figures exclude services commissioned from the Kent Enablement At Home service.
- The current forecast is 2,530,908 hours of care against an affordable level of 2,476,546, a difference of +54,362 hours. Using the forecast unit cost of £15.435 this additional activity increases the forecast by £839k, as highlighted in section 1.1.3.2.c. We are expecting an increase in permanent clients in the second half of the year compared to the first, which explains why the year to date (YTD) appears slightly low when compared to this forecast.

- To the end of September 1,247,889 hours of care have been delivered against an affordable level of 1,246,137, a difference of +1,752 hours. The higher figures in July and August follow a trend in previous years where the figures for the summer months appear to peak and then drop again.
- While the number of clients receiving domiciliary care has been decreasing over the past two years, this trend appears to have slowed, and flattened out as the number of clients forecast is now 6,380, 164 more than the current figure of 6,216, but only 49 more than the June figure. In addition, the intensity of care appears to have increased such that clients are receiving more hours per week on average than in previous years as a result of the implementation of Self Directed Support (SDS) within the Directorate.

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

	2008-09		2009-10		2010-11	
	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	14.75	14.77	15.045	15.44	15.45	15.45
May	14.75	14.76	15.045	15.35	15.45	15.49
June	14.75	14.79	15.045	15.46	15.45	15.48
July	14.75	14.81	15.045	15.48	15.45	15.46
August	14.75	14.82	15.045	15.48	15.45	15.45
September	14.75	14.83	15.045	15.47	15.45	15.44
October	14.75	14.82	15.045	15.49	15.45	
November	14.75	14.80	15.045	15.51	15.45	
December	14.75	14.78	15.045	15.49	15.45	
January	14.75	14.80	15.045	15.52	15.45	
February	14.75	14.79	15.045	15.50	15.45	
March	14.75	14.77	15.045	15.49	15.45	

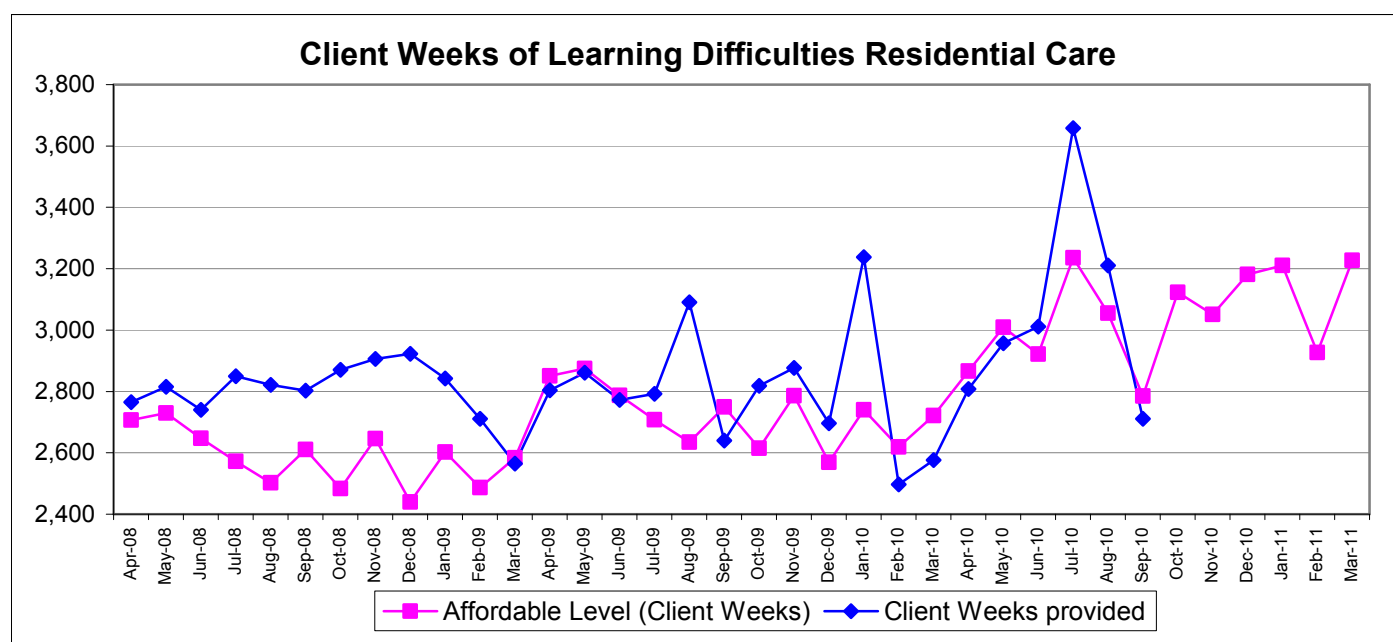


Comments:

- 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 £15.435 is slightly lower than the affordable cost of £15.452 and this difference of -£0.017 creates a saving of £42k when multiplied by the affordable hours, as highlighted in section 1.1.3.2.c

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

	2008-09		2009-10		2010-11	
	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	2,707	2,765	2,851	2,804	2,866	2,808
May	2,730	2,815	2,875	2,861	3,009	2,957
June	2,647	2,740	2,787	2,772	2,922	3,011
July	2,572	2,850	2,708	2,792	3,236	3,658
August	2,502	2,821	2,635	3,091	3,055	3,211
September	2,611	2,803	2,750	2,640	2,785	2,711
October	2,483	2,870	2,615	2,818	3,123	
November	2,646	2,906	2,786	2,877	3,051	
December	2,440	2,923	2,569	2,696	3,181	
January	2,602	2,842	2,740	3,238	3,211	
February	2,487	2,711	2,619	2,497	2,927	
March	2,584	2,565	2,721	2,576	3,227	
TOTAL	31,011	33,611	32,656	33,662	36,593	18,356

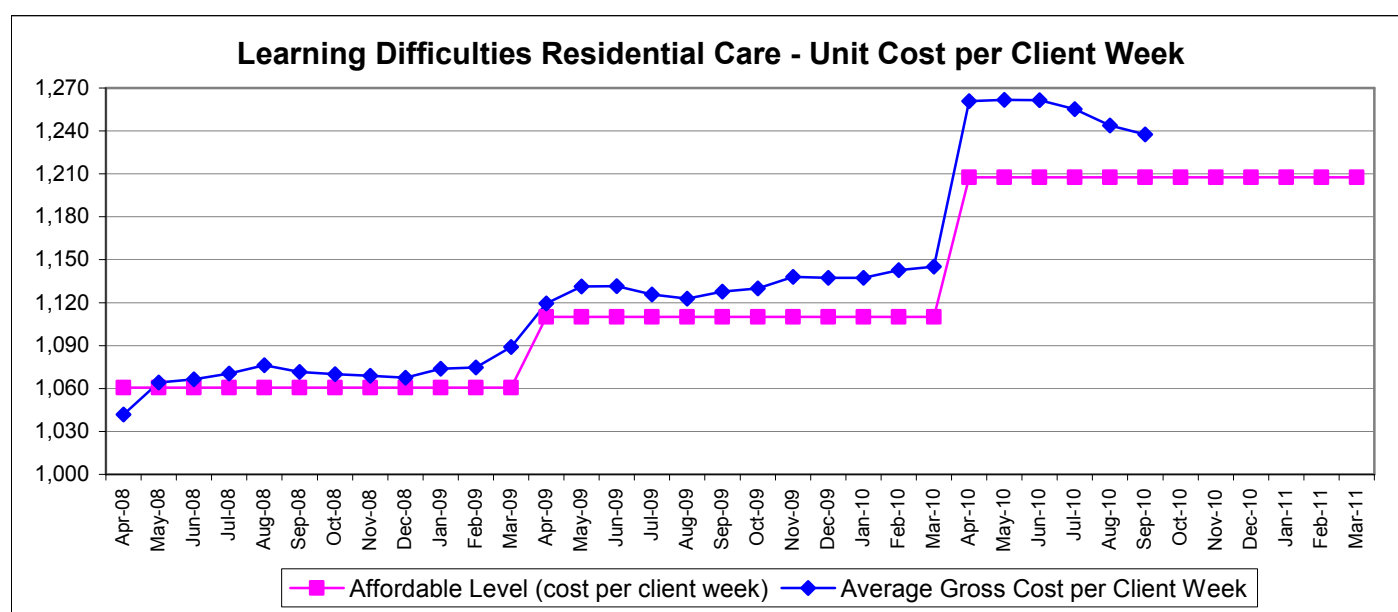


Comments:

- The affordable level of weeks has been amended to reflect the additional transfer of S256 clients and their funding from Health.
- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- 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 2008-09 was 640, at the end of 2009-10 it was 632 and at the end of September 2010 it was 697 of which 103 are S256 clients.
- The current forecast is 37,757 weeks of care against an affordable level of 36,593 a difference of +1,164 weeks. Using the forecast unit cost of £1,237.49 this additional activity adds £1,440k to the forecast, as highlighted in section 1.1.3.3.a. We are expecting an increase in both permanent clients, and non permanent episodes in the second half of the year compared to the first, which explains why the year to date (YTD) appears slightly low when compared to this forecast.
- To the end of September 18,356 weeks of care have been delivered against an affordable level of 17,873, a difference of +483 weeks.

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

	2008-09		2009-10		2010-11	
	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	1,060.70	1,041.82	1,110.15	1,119.42	1,207.58	1,260.82
May	1,060.70	1,064.19	1,110.15	1,131.28	1,207.58	1,261.67
June	1,060.70	1,066.49	1,110.15	1,131.43	1,207.58	1,261.46
July	1,060.70	1,070.50	1,110.15	1,125.65	1,207.58	1,255.21
August	1,060.70	1,076.27	1,110.15	1,122.81	1,207.58	1,243.87
September	1,060.70	1,071.59	1,110.15	1,127.79	1,207.58	1,237.49
October	1,060.70	1,070.02	1,110.15	1,130.07	1,207.58	
November	1,060.70	1,068.95	1,110.15	1,137.95	1,207.58	
December	1,060.70	1,067.59	1,110.15	1,137.28	1,207.58	
January	1,060.70	1,073.71	1,110.15	1,137.41	1,207.58	
February	1,060.70	1,074.67	1,110.15	1,142.82	1,207.58	
March	1,060.70	1,089.10	1,110.15	1,145.12	1,207.58	

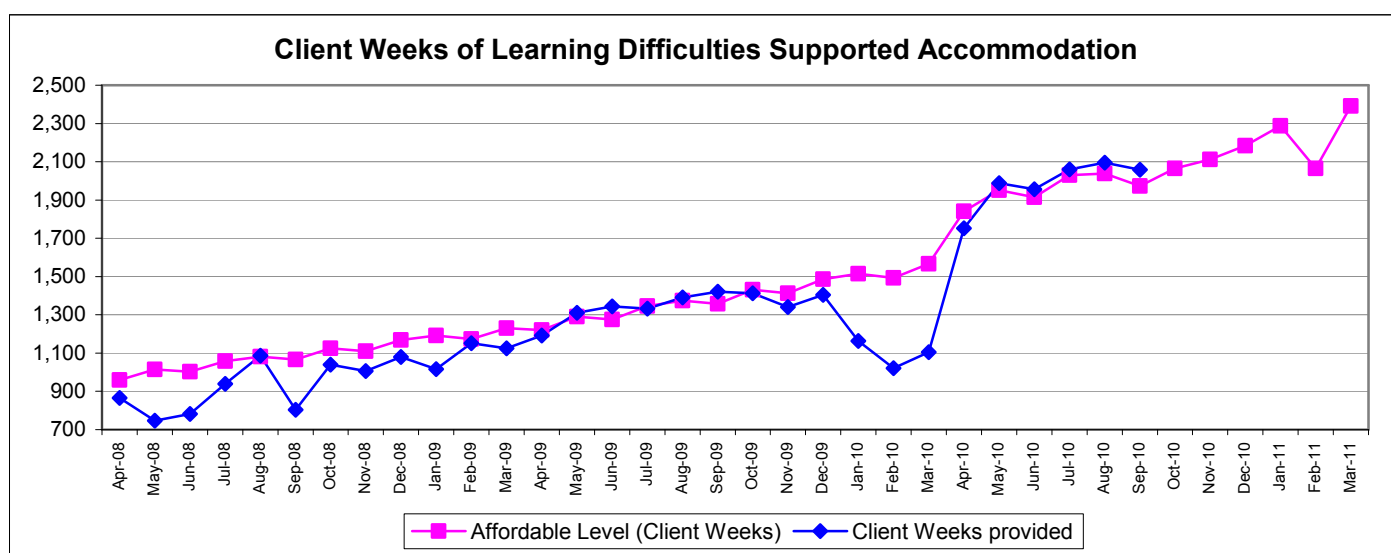


Comments:

- The affordable unit cost has been amended to reflect the inclusion of new S256 clients and their funding, transferred from Health.
- 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 £1,200 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 cost – 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 £1,237.49 is higher than the affordable cost of £1,207.58 and this difference of +£29.91 adds £1,094k to the position when multiplied by the affordable weeks, as highlighted in section 1.1.3.3.a

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

	2008-09		2009-10		2010-11	
	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	1,841	1,752
May	1,014	747	1,290	1,311	1,951	1,988
June	1,003	782	1,276	1,344	1,914	1,956
July	1,058	939	1,346	1,333	2,030	2,060
August	1,081	1,087	1,375	1,391	2,039	2,096
September	1,067	803	1,357	1,421	1,973	2,059
October	1,125	1,039	1,431	1,412	2,065	
November	1,110	1,006	1,412	1,340	2,112	
December	1,169	1,079	1,487	1,405	2,183	
January	1,191	1,016	1,515	1,163	2,287	
February	1,174	1,151	1,493	1,021	2,065	
March	1,231	1,125	1,567	1,105	2,391	
TOTAL	13,183	11,639	16,770	15,438	24,851	11,911



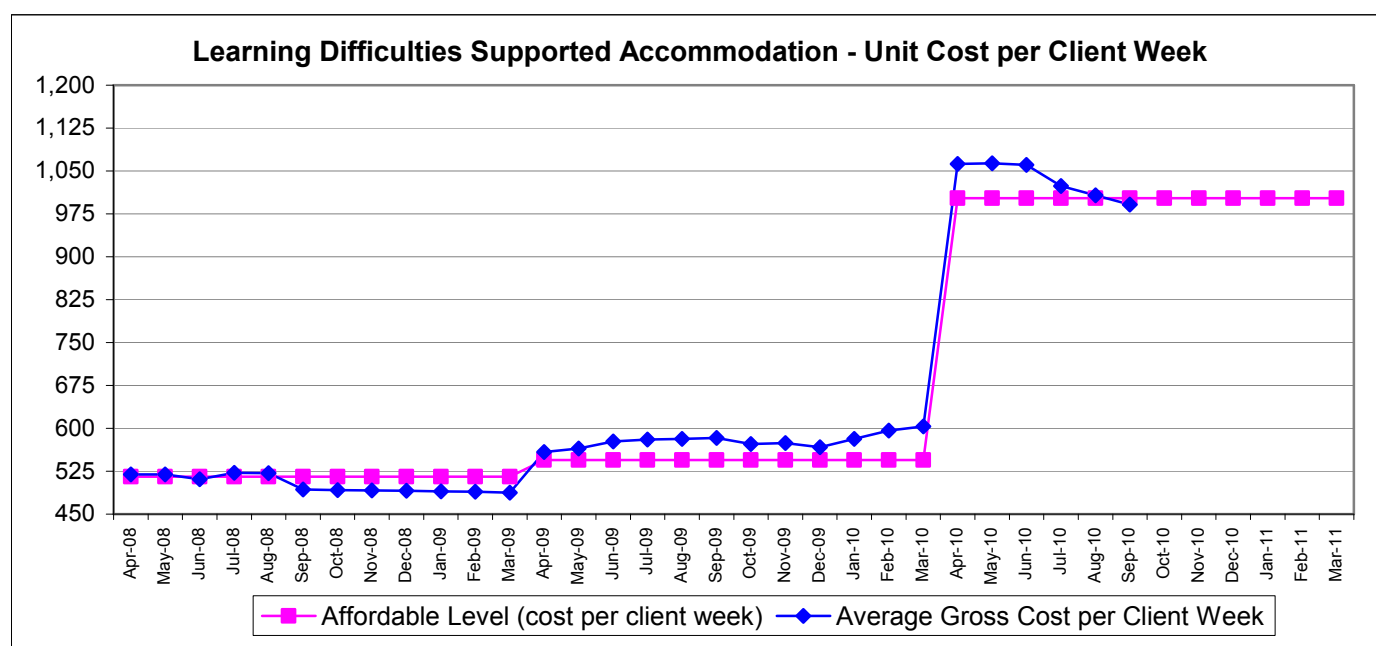
Comments:

- The affordable level of weeks has been amended to reflect the additional transfer of S256 clients and their funding from Health. It also now includes Ordinary Residence clients. The overall weeks have been increased to reflect the latest average hours per week for client in receipt of supported living. This service is counted in hours rather than weeks and the process for converting to weeks for this report uses the latest average hours per week. This has reduced slightly from Quarter 1 resulting in both an increased level of affordable activity as well as an increased forecast.
- Actual weeks of care have been updated for previous months to reflect late data entry and provides a more accurate trend.
- The above graph reflects the number of client weeks of service provided. The actual number of clients in LD supported accommodation at the end of 2008-09 was 233, at the end of 2009-10 it was 309 and at the end of September 2010 was 478. This increase is almost solely due to S256 clients.
- The current forecast is 25,626 weeks of care against an affordable level of 24,851, a difference of +775 weeks which relates entirely to non-S256 clients. Using the forecast unit cost of £991.20 this increased activity creates a pressure of £768k as highlighted in section 1.1.3.3.d.
- To the end of September 11,911 weeks of care have been delivered against an affordable level of 11,748, a difference of +163 weeks. The year to date looks low compared to forecast as there are approximately 1,100 weeks included within the forecast relating to Ordinary Residence clients who have yet to show within the year to date activity. The forecast assumes that we take responsibility for the majority of these clients from April but they will only appear in actual activity once responsibility is confirmed.

- 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):

	2008-09		2009-10		2010-11	
	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	1,002.32	1,062.38
May	515.41	519.40	544.31	564.49	1,002.32	1,063.22
June	515.41	511.10	544.31	577.33	1,002.32	1,060.59
July	515.41	522.30	544.31	580.27	1,002.32	1,023.90
August	515.41	521.40	544.31	581.76	1,002.32	1,007.58
September	515.41	493.33	544.31	583.26	1,002.32	991.20
October	515.41	491.85	544.31	572.59	1,002.32	
November	515.41	491.47	544.31	574.24	1,002.32	
December	515.41	490.83	544.31	566.87	1,002.32	
January	515.41	489.75	544.31	581.53	1,002.32	
February	515.41	488.90	544.31	595.89	1,002.32	
March	515.41	487.60	544.31	603.08	1,002.32	



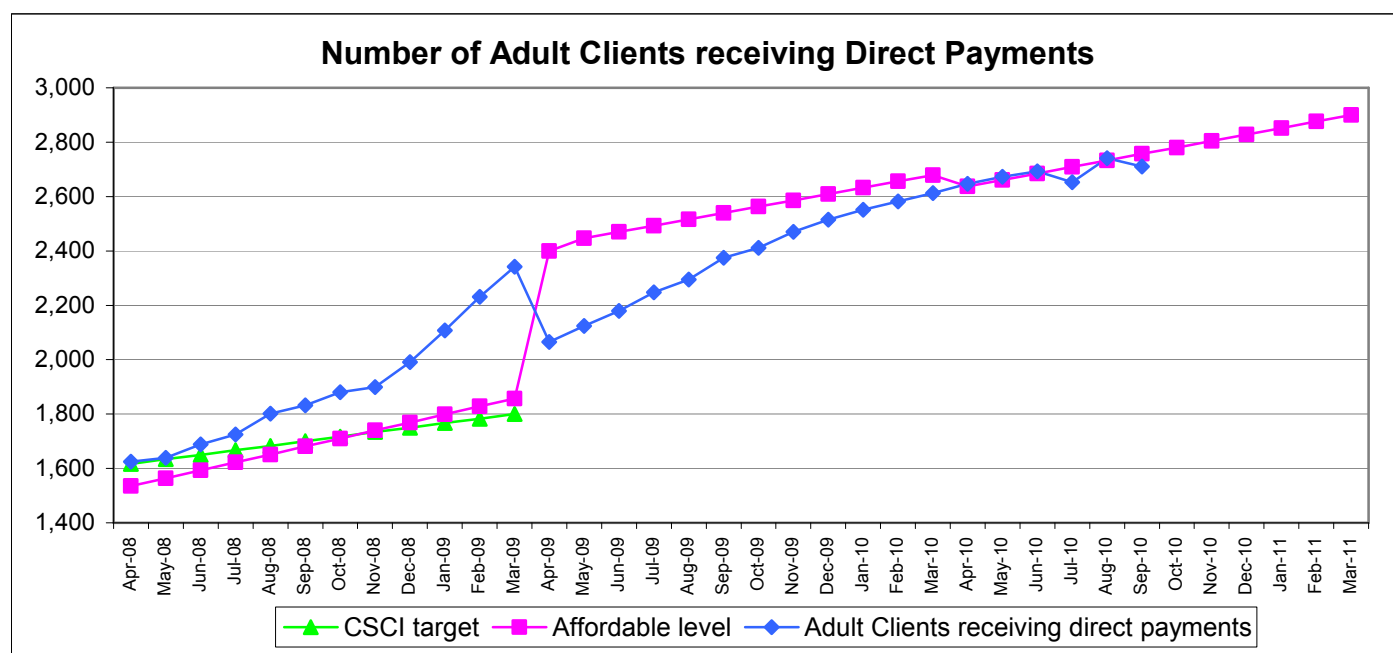
Comments:

- The affordable unit cost has been amended, both to reflect the inclusion of new S256 clients and their funding, transferred from Health, but also to include Ordinary Residence clients. The affordable unit cost has reduced to reflect an increase in affordable weeks as a result of using a lower average hours per week to convert supported living activity, which is provided in hours, in to weeks.
- The forecast unit cost of £991.20 is lower than the affordable cost of £1,002.32. This difference of -£11.12 creates a saving of £276k when multiplied by the affordable weeks, as highlighted in section 1.1.3.3.d. As referred to in section 1.1.3.3.d, there are three distinct groups of clients: Section 256 clients, Ordinary Residence clients and other clients. Each group has a very different unit cost which are combined to provide an average unit cost for the purposes of this report.

- The forecast unit cost has also reduced from July to reflect the inclusion of Ordinary Residence clients as well as the impact of a lower average hours per client per week for supported living which is used to convert supported living hours to weeks in this report.
- 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:

	2008-09			2009-10		2010-11	
	CSCI Target	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments	Affordable Level	Adult Clients receiving Direct Payments
April	1,617	1,535	1,625	2,400	2,065	2,637	2,647
May	1,634	1,564	1,639	2,447	2,124	2,661	2,673
June	1,650	1,593	1,689	2,470	2,179	2,685	2,693
July	1,667	1,622	1,725	2,493	2,248	2,709	2,653
August	1,683	1,651	1,802	2,516	2,295	2,733	2,741
September	1,700	1,681	1,832	2,540	2,375	2,757	2,710
October	1,717	1,710	1,880	2,563	2,411	2,780	
November	1,734	1,740	1,899	2,586	2,470	2,804	
December	1,750	1,769	1,991	2,609	2,515	2,828	
January	1,767	1,799	2,108	2,633	2,552	2,852	
February	1,783	1,828	2,231	2,656	2,582	2,876	
March	1,800	1,857	2,342	2,679	2,613	2,900	



Comments:

- The activity being reported is as per the Department of Health definition for counting Direct Payments, which includes anyone who has received a Direct Payment during the preceding 12 months, but includes only those that are 'on-going'. i.e. in April the figures include clients who have received an on-going Direct Payment between 1st May 2009 and 30th April 2010, and the June figures includes clients who have received an on-going Direct Payment between 1st July 2009 and 30th June 2010. This compares with what was reported last year.

3. SOCIAL CARE DEBT MONITORING

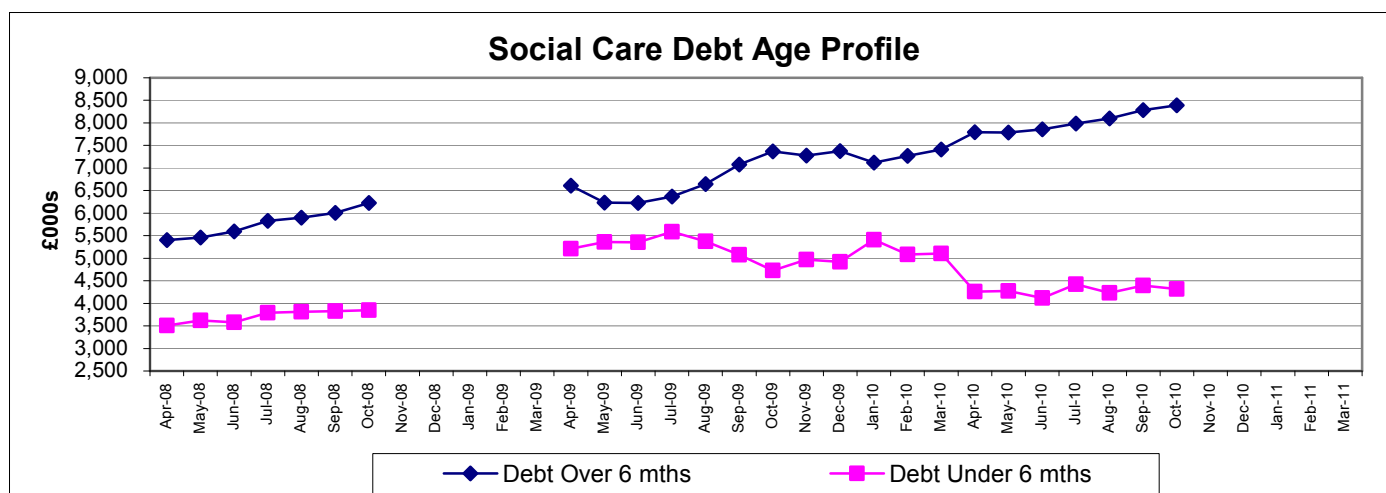
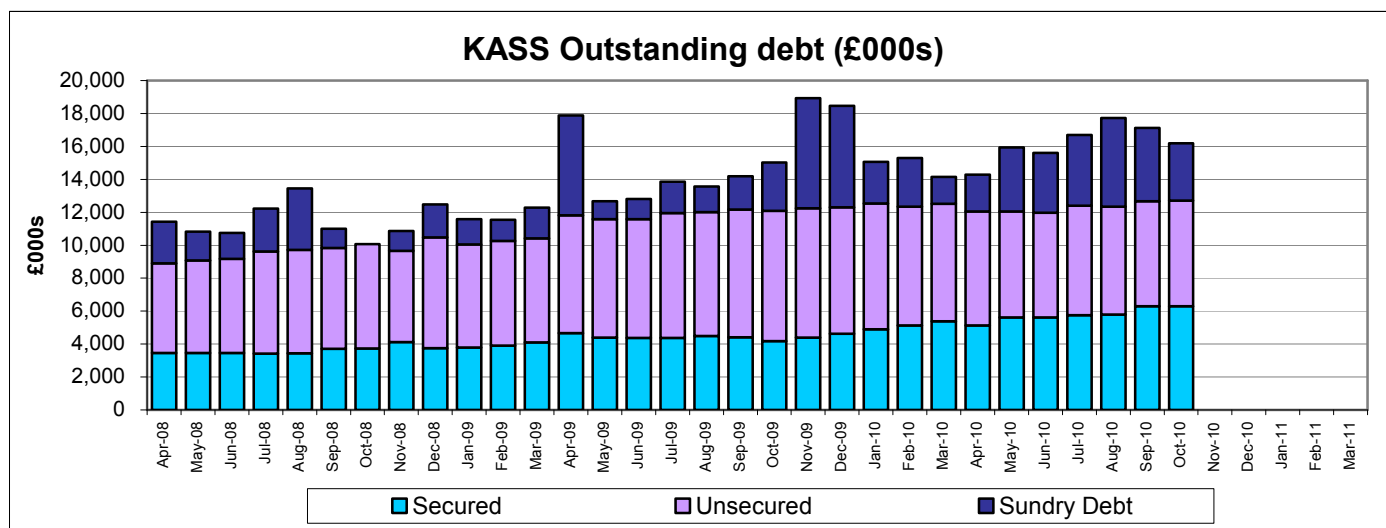
The outstanding due debt as at the October 2010 was £16.200m compared with July's figure of £16.689m (reported to Cabinet in September) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £3.489m of sundry debt compared to £4.285m at the end of July. The amount of sundry debt can fluctuate for large invoices to health. Also within the outstanding debt is £12.711m relating to Social Care (client) debt which is an increase of £0.307m from the last reported position to Cabinet in September (July position). 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.

Now that the full client debt monitoring and recovery function has been fully integrated into KASS, we have been able to develop bespoke reports that accurately reflect the ageing of Social Care debt. This has therefore meant that since April there has been some slight changes to how debt is categorised between that which is over six months and that which is under six months and this has resulted in slightly more debt being classed as over six months.

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
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	15,305	2,956	12,349	7,266	5,083	5,128	7,221
Mar-10	14,157	1,643	12,514	7,411	5,103	5,387	7,127

Debt Month	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 mths £000s	Debt Under 6 mths £000s	Secured £000s	Unsecured £000s
Apr-10	14,294	2,243	12,051	7,794	4,257	5,132	6,919
May-10	15,930	3,873	12,057	7,784	4,273	5,619	6,438
Jun-10	15,600	3,621	11,979	7,858	4,121	5,611	6,368
Jul-10	16,689	4,285	12,404	7,982	4,422	5,752	6,652
Aug-10	17,734	5,400	12,334	8,101	4,233	5,785	6,549
Sep-10	17,128	4,450	12,678	8,284	4,394	6,289	6,389
Oct-10	16,200	3,489	12,711	8,392	4,319	6,290	6,421
Nov-10							
Dec-10							
Jan-11							
Feb-11							
Mar-11							

* 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.



- 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).

Reconciliation of Gross and Income Cash Limits in Table 1c to the Budget Book

Portfolio	CASH LIMIT			
	Gross	Income	Net	
	£k	£k	£k	
KASS	467,134	-122,545	344,589	
Subsequent changes:				
				Changes to grant/income allocations:
KASS	4,350	-4,350	0	OP Other Services - PFI credits and unitary charge for Better Homes Active Lives
KASS	913	-913	0	LD Supported Accommodation - PFI credits and unitary charge for Better Homes Active Lives
KASS	2,000	-2,000	0	LD Supported Accommodation - funding from Health for additional S256 clients
KASS	1,000	-1,000	0	LD Residential - funding from Health for additional S256 clients
KASS	107	-107	0	MH Supported Accommodation - PFI credits and unitary charge for Better Homes Active Lives
KASS	-28	28	0	OP Other Services - realignment of Integrated Community Equipment Stores Health funding
KASS	-335	335	0	LD Other Services - realignment of Kent Supported Employment funding from DWP
KASS	-211	211	0	PD Other Services - realignment of Integrated Community Equipment Stores Health funding
KASS	35	-35	0	All Adults Assessment & Related - charges for client accounts administered by client financial affairs officers
KASS	16	-16	0	All Adults Assessment & Related - increased recharge to CFE for Area Benefits staffing
KASS	43	-43	0	Strategic Business Support - additional rebate from Royal Bank of Scotland reflecting increased value of payments through TDM
				Technical Adjustments:
KASS	434	-434	0	LD Domiciliary - realignment of Supporting People recharges
KASS	-27	27	0	Strategic Management - inter-directorate charge no longer required
Revised Budget	8,297	-8,297	0	